

Partner Camp / Center Application



Inspiring HANDS

Through hands that serve and hearts that care.

Camp / Center Name (Legal registered name) _____

DBA or Alias Name _____

Physical location _____

Business office mailing address _____

City _____ State _____ Zip Code _____

Camp / Center representative (please print) _____ Phone _____

E-mail address _____ Fax _____

Is Camp/Center a Non-profit Corporation? Yes No Other (explain) _____

State Registered _____ Date of registration / formation _____

Taxpayer ID _____ Member of ACA? Yes No since _____

Directors / Officers:

Name _____ Title _____ Tel _____

Name _____ Title _____ Tel _____

Name _____ Title _____ Tel _____

Award Coordinator:

Name _____ Title _____ Tel _____

Email _____

Cost Per Camper \$ _____ Cost Per Sibling(s) \$ _____

Date Award recipient names required by _____ Date Award funds required by _____
Month/Day/Year Month/Day/Year

Partner Camp Requirements

1. Must be a registered non-profit camp / center in the State of Texas.
2. Must complete and submit this questionnaire and required documents.
3. Must provide a filed copy of IRS Form 990 and annually thereafter.
4. The camp's /center's intent is to provide an experiential/ educational program to an unknown group and infinite number of people. The camper is the benefactor.
5. The benefit to the camp/center is secondary to benefit to the camper or rider.
6. The public charity, Inspiring HANDS, is solely responsible for the final selection of the recipient camper /rider and distributions of funds to the camp/center on their behalf in a tax-exempt fashion.
7. Funding is restricted to use for tuition expenses only for individuals that experience financial need and or disability. Inspiring HANDS Awards support may not be used for a camp/center or parent non-profit's general operating fund, nor for capital improvements
8. If recipient does not attend the camp/center for any reason you shall notify Inspiring HANDS and allow option for another camper/rider in need to become the new recipient. Proper forms must be completed and submitted.
9. In submitting application Camp/Center agrees and approves use hyperlink to Camp's /Center's website on Inspiring HANDS, Inc.'s website.
10. In order to encourage scholarship participation it is recommended that the Camp's /Center's website has a link to the Inspiring HANDS, Inc. webpage www.inspiringhands.org

Required documentation to be submitted with Partner Camp Applications:

1. Statement of Camps/Centers intent and types of financial and special need assistance offered
2. Camper / Rider criteria and qualification requirements including anti-discrimination policy
3. Policy regarding siblings and specify if siblings are allowed even if not special need
4. Award criteria of applicants including any partial and full financial award information
5. Copy of previous two years IRS Form 990; and annually thereafter

Awards selection committee members use this information to evaluate and select for funding a group of high-performing non-profit camps and centers that demonstrate sound fiscal management and expertise in serving individuals affected by poverty and special needs.

In submitting this partner camp / center application I hereby affirm that I _____ (name) _____ (title) of _____ (Camp / Center name) have full authority to act on behalf of the Camp / Center that wishes to partner with Inspiring HANDS, Inc. for their Annual Awards program. The camp / center agrees to the before mentioned Partner Camp / Center requirements and to submit the required documentation for review and consideration.

Camp/Center Rep Signature _____ Date _____

Mail completed form and documentation to:

**Inspiring HANDS Awards Program Dept. P.O. Box 1823 Tomball TX 77377-1823
or email awards@inspiringhands.org**

Camper / Rider applications are accepted November 1st through March 15st of each year
Campership Award recipients will be notified by May 1st
Payments are made directly to the camp on behalf of the camper recipient. Please allow fourteen days for payment processing.

BELOW TO BE COMPLETED BY INSPIRING HANDS, INC. AWARDS COMMITTEE ONLY

Date Received	Approved / Denied	Date Notified	Date Paid / Reference #

Notes/Comments:

Director 1 (print name)

Director 2 (print name)

Director Signature

Date

Director Signature

Date