

# LETTER OF INTENT FOR FUNDING



## INSTRUCTIONS FOR FAMILIES AND CARE PROVIDERS

If you are requesting funding from an agency or organization, this form must be completed and returned to the administrative coordinator at Easterseals Camp Fairlee as soon as possible, in order to secure a place and official enrollment at camp.

Complete **Section One** and contact your community agency/organization/community navigator providing funding towards your fee, before sending this form to the appropriate contact person, who will complete **Section Two**.

Your agency/organization may return the form to you or send it directly to camp. If it is returned to you, please ensure you send the form back to the administrative coordinator at Easterseals Camp Fairlee.

### **SECTION ONE (to be completed by family/care provider)**

Name of participant requesting funding: \_\_\_\_\_

Address: \_\_\_\_\_

Camp session dates: \_\_\_\_\_ Funding requested: \$ \_\_\_\_\_

**PLEASE NOTE:** THE DEPOSIT OR ANY REMAINING BALANCE OF THE OVERALL FEE, WHICH WILL NOT BE COVERED BY THE AGENCY/ORGANIZATION, MUST BE PAID **NO LATER THAN JUNE 1<sup>ST</sup>**. FAILURE TO PAY THE REMAINING BALANCE (IF ANY) WILL RESULT IN THE LOSS OF YOUR PLACE AT CAMP.

## INSTRUCTIONS FOR AGENCIES AND ORGANIZATIONS

In order for the participant to secure a place and official enrollment at camp, this form must be completed. By doing so, your agency or organization is agreeing to provide funding for the participant named above, who is scheduled to attend Easterseals Camp Fairlee during the time frame listed.

Complete **Section Two** and return this form directly to the administrative coordinator at Easterseals Camp Fairlee, or back to the family.

### **SECTION TWO (to be completed by agency/organization authorizing payment)**

Agency/Organization: \_\_\_\_\_ Funding authorized: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** PAYMENT FROM THE AGENCY/ORGANIZATION MAY BE RECEIVED AFTER THE SERVICE, PROVIDED THAT THE LETTER OF INTENT FOR FUNDING IS ON FILE. THIS MUST BE COMPLETED AND SIGNED AS AN AUTHORIZATION OF PAYMENT.

Payment is enclosed       Please send invoice before session       Please send invoice after session

Checks can be made payable to:  
**Easterseals of Delaware and Maryland's Eastern Shore**

AGENCIES AND ORGANIZATIONS SUCH AS YOURS ARE VITAL IN HELPING PEOPLE WITH DISABILITIES ENJOY THE INDEPENDENCE THAT SUMMER CAMP EXPERIENCES PROVIDE. ON BEHALF OF THOSE WE SERVE, EASTERSEALS CAMP FAIRLEE THANKS YOU FOR YOUR SUPPORT.