



# 2024 NBT Inclusion Manufacturing Camp Grant Application

**Deadline: January 31, 2024, at 11:59 p.m. CT**

Thank you for your interest in hosting a Nuts, Bolts & Thingamajigs (NBT) Inclusion Manufacturing Camp.

Applications must be submitted by **January 31, 2024**, to request grant funding support for your 2024 Inclusion Camp. Applications will be reviewed in February, and grant award recipients will be notified via email in March 2024.

Please contact the NBT Foundation at [foundation@fmamfg.org](mailto:foundation@fmamfg.org) or (888) 394-4362 with any questions.

## Section I: Camp Host Information

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Camp Host Location and Primary Contact:

- Host Organization \_\_\_\_\_
  - Address 1 \_\_\_\_\_
  - Address 2 (if none, enter "N/A") \_\_\_\_\_
  - City \_\_\_\_\_
  - State or Province \_\_\_\_\_
  - Postal Code \_\_\_\_\_
  - County \_\_\_\_\_
  - Country \_\_\_\_\_
  - Main Telephone \_\_\_\_\_
  - Web Address \_\_\_\_\_
  - Main Contact Person \_\_\_\_\_
  - Title \_\_\_\_\_
  - Email Address \_\_\_\_\_
  - Direct Phone \_\_\_\_\_
  - Mobile Phone \_\_\_\_\_
-

Person Completing Application (*if same as above, leave this section blank*):

- Contact Name \_\_\_\_\_
- Title \_\_\_\_\_
- School / Organization \_\_\_\_\_
- Email Address \_\_\_\_\_
- Direct Phone \_\_\_\_\_

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Will the camp be held at the Host Location address as listed above?

- Yes
- No

Physical Location of camp activities

- School / Organization \_\_\_\_\_
- Address 1 \_\_\_\_\_
- Address 2 \_\_\_\_\_
- City \_\_\_\_\_
- State or Province \_\_\_\_\_
- Postal Code \_\_\_\_\_
- County \_\_\_\_\_
- Country \_\_\_\_\_

Is your school or organization a member of the Fabricators & Manufacturers Association (FMA)?

Yes (If known, please list your member ID #) \_\_\_\_\_

No

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List and/or provide a link to your organization's current manufacturing job prep and skills training programs for individuals with disabilities or other barriers to employment:

\_\_\_\_\_

\_\_\_\_\_

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## Section II: Grant Request

Total dollar amount requested (must match your total proposed budget below): \_\_\_\_\_

**Proposed Budget** - list expenses related to this grant request:

Camp Host Instructors / Staff: \_\_\_\_\_

Additional Aides / Support Staff: \_\_\_\_\_

Curriculum Development: \_\_\_\_\_

Program Planning / Materials: \_\_\_\_\_

Transportation: \_\_\_\_\_

Participant Financial Assistance / Scholarships: \_\_\_\_\_

Equipment and Supplies: \_\_\_\_\_

Marketing and Promotion: \_\_\_\_\_

Printing and Postage: \_\_\_\_\_

Other: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Total: \_\_\_\_\_

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What additional funding has been received or will be pursued, if any? Please list source(s) and amount(s) provided. \_\_\_\_\_

How did you hear about the NBT Inclusion Manufacturing Camp program?

- Previous NBT Grant Recipient
- FMA publications or NBT communications
- Another association or organization
- Mailing / Email
- Online / Web Search
- From a Colleague (please provide your colleague's name): \_\_\_\_\_

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### Section III: Proposed Camp Program

Proposed Camp Name (If the proposed camp name and/or focus is yet to be determined, indicate "TBD" in the space provided): \_\_\_\_\_

Projected Camp Dates:

Enter a projected start and end date for the camp. We understand that plans may change, so there will be an opportunity for grant recipients to change the camp dates when they submit the required marketing form within 30 days of the grant acceptance date.

- Start Date (mm/dd/yyyy) \_\_\_\_\_
- End Date (mm/dd/yyyy) \_\_\_\_\_

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NBT recommends a minimum of 10-15 participants per Inclusion Camp program. Can the host's facilities accommodate at least 10 students?

- Yes
- No

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Maximum number of students the camp can adequately accommodate: \_\_\_\_\_

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NBT recommends each camp program runs over a four- to eight-week period with a minimum of 15-20 hours per week. Will your organization be able to meet those guidelines?

- Yes
- No

Estimated number of hours for camp activities per day: \_\_\_\_\_

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NBT's target audience for Inclusion Manufacturing Camps is young adults (eligible for employment in your state), ideally ages 16-30. What will be the age range of your camp participants? (Select all that apply)

- Younger than 16
  - 16-17
  - 18-24
  - 25-30
  - 31+
  - Other: \_\_\_\_\_
- 

Please indicate the gender of students that will be participating in the camp:

- Male & Female
- Female Only
- Male Only

Please list the agencies, organizations, or school district(s) your camp will serve and/or recruit camp participants from: \_\_\_\_\_

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Based on the agencies and school district(s) listed above, please estimate the percentage of students (i.e. prospective camp participants) that come from low income areas: \_\_\_\_\_

NBT requires that inclusion camp hosts identify at least 2 or 3 manufacturing employers and businesses in their local community who will agree to support the camp and its participants by providing practical work experiences, employment opportunities, sponsorships, plant tours, guest speakers, and/or other services or material donations prior to completing this application.

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Propose at least two manufacturing employers and/or community partners with whom you will collaborate to provide your inclusion camp participants with real-world work experiences and employment opportunities. If your own organization is providing employment opportunities, please enter those details below:

- Company 1: \_\_\_\_\_
  - Company 1 Main Contact: \_\_\_\_\_
  - Company 1 Contact Email: \_\_\_\_\_
  - Company 1 Contact Phone: \_\_\_\_\_
  - Company 2: \_\_\_\_\_
  - Company 2 Main Contact: \_\_\_\_\_
  - Company 2 Contact Email: \_\_\_\_\_
  - Company 2 Contact Phone: \_\_\_\_\_
  - Company 3: \_\_\_\_\_
  - Company 3 Main Contact: \_\_\_\_\_
  - Company 3 Contact Email: \_\_\_\_\_
  - Company 3 Contact Phone: \_\_\_\_\_
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Manufacturing camps require significant promotion to recruit students. Please list your marketing strategies and other methods by which the camp will be promoted: \_\_\_\_\_

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What are your goals for the proposed inclusion camp program? If there are specific learning objectives, please list them. \_\_\_\_\_

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## Section IV: Inclusion Camp's Manufacturing Focus

What manufacturing processes do you intend to introduce to students? Please check all that apply.

- 3-D Printing/Additive Mfg.
- Assembly
- Bending
- CAD/CAM
- CNC
- Cutting
- Drilling
- Electronics Technology
- Finishing
- Laser Processing
- Machining
- Mechatronics
- Packaging / Handling
- Painting / Coating
- Plastics Technology
- Programming
- Punching
- Robotics
- Shearing
- Stamping
- Welding
- Other: \_\_\_\_\_

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What specific shop equipment will be used during the camp? \_\_\_\_\_

Provide a proposed schedule to outline what students will be learning and doing daily. If applicable, please include details and/or ideas for projects the students will make and take home: \_\_\_\_\_



**Section V: Statistical Data**

NBT is interested in gathering statistical data to show the impact that inclusion manufacturing camps have on increasing the number of individuals with disabilities that are employed or pursuing a manufacturing career. Your help in responding to the following questions is critical to the success of the NBT camp program. Information is collected for tracking and reporting purposes only and will not affect your application for camp funding or support.

**PLEASE NOTE:** If you are a previous camp host, you will be asked to provide NBT with historical data on previous camp participants, their progress through your organization's program, and their intended career path on the final camp evaluation report that grant funding recipients are required to submit within 30 days of the conclusion of the camp.

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Will you register camp participants using an existing database or course registration system (i.e. would a student's camp attendance show on their permanent record)?

- Yes
- No

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If no, how and where is campers' information kept and for how long? \_\_\_\_\_

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Do you collect campers' parent/guardian contact information?

- Yes
- No

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Does your organization track internships/apprenticeships and employment placements for your program graduates?

- Yes
- No
- Not applicable

**FOR INFORMATION ONLY:** Camp hosts should be prepared to report the following demographic information on campers and their families, along with the camp's staff and instructors (aggregate data to be provided to NBT in the final camp evaluation report submitted within 30 days of the conclusion of the camp).

Please consider adding these questions to your registration form so that you may report the numbers accurately:

Gender:

Male

Female

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Family Income:

Above federal poverty level

At federal poverty level

Below federal poverty level

(Income level can be self-reported by parents or you may estimate based on the host school's area demographics.)

## Section VI: Other Requirements

In addition to completing this application, NBT requires grant recipients to agree to the following guidelines. If your organization is selected to receive a grant, you agree to:

- **Execute and return a copy of NBT's Camp Grant Acceptance form** signed by a duly authorized representative of your organization. **Complete a** marketing form within 30 days of notification of your grant. The marketing form helps NBT promote your camp on our website and is critical in helping us prepare camp materials such as customized camp t-shirts.
- **Collect and submit signed NBT Camp Participant Consent and Photo Release Forms** from participants and/or their parent/guardian prior to or on the first day of camp. The signed NBT consent forms must be scanned and emailed to NBT before the last day of camp so participants can be registered in NBT's database.
- **Administer NBT online** pre- and post-camp surveys to participants. The pre-camp survey must be administered on the first day of camp and the post-camp survey must be administered prior to dismissing students on the last day of camp.
- **Provide a Final Camp Evaluation** and Financial Report within 30 days of the conclusion of your camp. The evaluation is important to the camp program to show successes/areas for improvement and the financial report is critical for NBT recording. The Final Evaluation also provides NBT with tracking data on camp participants.
- **Participate in an Inclusion Camp Host Forum** with NBT staff, the program evaluator, and fellow Inclusion Camp Host organizations. The interview-style evaluation discussion will inform outcome measures and future program improvements.

### Agreement and Electronic Signature

If our application is approved to receive support from NBT for a summer manufacturing camp, we will adhere to the guidelines stated in this application.

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## SUBMIT YOUR APPLICATION

**IMPORTANT NOTE:** Click the button in the lower right corner to submit your application. Upon submission of this application, you will automatically see a summary of your responses. Please select the [DOWNLOAD PDF](#) button in the upper right corner to save a copy for your files.

Please contact the NBT Foundation at [foundation@fmamfg.org](mailto:foundation@fmamfg.org) or 888-394-4362 with any questions. All Inclusion Camp applications will be reviewed in February 2024 and grant award recipients will be notified via email in March 2024.