

Application Requirements

To receive a VBS grant from the Committee on Congregational Ministry and Nurture, the following items will have to be submitted with your application:

- A VBS safety plan that includes:
 - The chain of command (names, title)
 - Plan for Emergency Exit
 - Plan to Prevent and Respond to Fires
- Proof of American Red Cross First Aid/CPR Certification.
- Proof of Mandatory Reporting Certification Training. This certification is provided free online at http://ocfs.ny.gov/main/cps/Mandated_Reportert_Training.asp. You will receive certification at the end of the 2 hour course. A copy of this certification must accompany your application.
- Proof of background checks for all individuals that will be working with children.
- Proof of authorization (CAMIS NUMBER) issued by the Department of Health for all VBS that will be in session **more than 5 consecutive days**, sent with the application
- An itemized budget for the cost of operation of the VBS.
- Current proof of church insurance covering the program.

*****Please make sure all necessary documentation is submitted via email with the application to expedite processing. Thank you*****

Mandated Reporter Training:

The New York State Office of Children and Family Services now offers FREE 24/7 online Mandated Reporter Training in Child Abuse and Neglect/Maltreatment Identification. You can register anytime at www.nysmandatedreporter.org. This 2-hour web-based training is fully narrated and interactive and features learning exercises customized for the Child Care profession. As you complete each 10-15 minute section, the application saves your progress and allows you up to 30 days to complete the entire course. A certificate of attendance is sent online to persons completing the course. You will receive a credit for 2 hours of training on this topic. **Please note that you must use a laptop or computer in order for your responses to be recorded by their system and not an iPad or other electronic device.**

Red Cross CPR and First Aid Certification

Go to: www.redcross.org/local/new-york/take-a-class/cpr-new-york-ny

To register for classes in Red Cross Certification for Adult CPR and First Aid in your area. ***Without proof of this certification your VBS grant will not be considered for funding.***

APPLICATION FOR VACATION BIBLE SCHOOL

The Presbytery of New York City
475 Riverside Drive – Suite 1270
New York, New York 10115
212-870-2221

This application should be filled out completely. If there are questions for which you do not have an answer, simply leave it blank. **The application is due to be returned to the Presbytery Office via email to yswavylipton@presbynyc.org no later than Friday, May 31, 2023. Please mark: ATTENTION: VBS**

Church Making Application: _____

Address: _____

Borough: _____ Zip Code: _____

Name of Pastor: _____ Telephone _____

Name of Clerk of Session: _____ Telephone _____

Director/Summer Ministry Leader: _____ Telephone _____

1. What will be the length of your program? (Please give length in days or weeks)

Days: _____ Weeks: _____ Starting Date: _____ Ending Date: _____

2. How many young people from your church do you expect to be enrolled? _____

3. How many young people from the church/community (not including staff) _____

4. What will be the ratio of adults/leaders to children for age groups?

5 - 6 yr. olds _____ 7 – 9 yr. olds _____ 10-13 yr. olds _____

5. Number of adults/leaders that are American Red Cross First Aid/CPR certified? _____

6. Does your staff/adults/leaders have Mandated Reporter Certification? _____

7. Are there background checks for all individuals that will come in contact with children? _____

8. Is your program in compliance with NYC DOH&MH regulations? _____

*(Only answer this question if your camp length is more than **5 consecutive days**.)*

9. What are your program goals? _____

10. What is your specific program theme? _____

11. What curriculum will you be using for the program? _____

12. How will your church support this program? (Please check)

Funding Materials Providing facilities Volunteers

13. What do you estimate will be the cost of the program? \$ _____

Activities \$ _____ Church fees \$ _____ Curriculum \$ _____

Supplies/Materials \$ _____ Trip\$ _____

14. What are your sources of income for the program? \$ _____

City Funds \$ _____ Grants \$ _____

Tuition \$ _____ Your Church \$ _____ Other Sources \$ _____

15. **VBS Grant Amount Requested** \$ _____

15. Is your summer ministry program included as a part of your 2023 Church budget? _____

16. For what part of your program will the funds requested be used? _____

(Please have your Summer Ministries Program approved by your Session)

Date the application was reviewed by the Session: _____

Signature of Pastor **OR** Clerk of Session _____ Date: _____

Signature of Director of Summer Ministry Program _____ Date _____