



GAME ON GRANT PROGRAM

The South Jersey Gas Game On Grant Program is intended to provide critical support needed to sustain local, community-centered sports and athletic programs, leagues, clubs, associations, and recreational organizations for youth. Twenty (20) grants in the amount of \$1,000 each will be awarded lottery-style to qualified applicants selected at random.

Game On Grant Program Guidelines

- Applicant leagues or organizations must be coordinated predominantly by volunteer efforts.
- **Applicants must serve children within the boundaries of the South Jersey Gas service area.**
- Applicants must serve traditional youth sports, within the company's sole discretion to define, which include but are not limited to Baseball, Softball, Soccer, Football, Basketball, Wrestling, Cheerleading, Volleyball, Tennis, Lacrosse, Golf, Field Hockey, Hockey, and Swimming.
- The applicant's program must serve children in any or all age groups between age 4 and 18.
- Applicants must be a Youth Sports League, Club, Association, Recreational Organization or other similarly organized Youth Program. **Individual teams are not eligible to apply.**
- Sponsor acknowledgements are appreciated, including recognition on uniforms, banners, signage, etc.
- Only one application per league or organization will be accepted.
- Winners of the grant are not eligible to apply the following year.

Non-Eligible Programs:

- Professional or semi-professional athletics programs, organized sporting for profit, or those that are primarily adult, hobby or adult recreation.
- Athletic programs directly affiliated with any school.
- Marching Bands, Choirs, or trainers/paid coaches.
- Sponsored activities cannot take place outside of the United States and applications requesting funds to support travel outside of New Jersey for training or competition will not be considered.



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Submit completed applications, along with a current W-9, to:

E-mail: lhurt@sjindustries.com

OR

Mail: South Jersey Gas, 1 South Jersey Place, Atlantic City NJ 08401
Game On Grant Program
Attn: Lauren Hurtt

Name of Organization: _____

Contact: _____

Sport, Age Group and Number of Teams: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Website: _____

Tax ID Number: _____