



GUAM ECONOMIC DEVELOPMENT AUTHORITY

# Southern District Youth Sports

## GRANT PROGRAM APPLICATION

CENTURY INSURANCE COMPANY QC#250

DATE OF REQUEST: \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_  
(Grant MAX: \$500 per age group)

NAME OF REQUESTOR & TITLE: \_\_\_\_\_  
(Coach/Team Manager)

ORGANIZATION NAME: \_\_\_\_\_ EIN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### CHECK ALL THAT APPLY:

**A SPORT** (Submit Letter of Verification from League Official)

- |                                   |                                     |                                 |   |                                     |
|-----------------------------------|-------------------------------------|---------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Football                     | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Golf     | <input type="checkbox"/> Rugby      | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other (please specify) _____ |                                     |

**B YOUTH AGE GROUP** (Submit Team Roster)

- |                                 |                                 |                                  |                                   |                                   |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 2 to 4 | <input type="checkbox"/> 5 to 7 | <input type="checkbox"/> 8 to 10 | <input type="checkbox"/> 11 to 14 | <input type="checkbox"/> 15 to 18 |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------------------|

**C TEAM VILLAGE** (Submit Mayor Verification)

- |                                     |                                   |                                 |                                 |
|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Agat       | <input type="checkbox"/> Inarajan | <input type="checkbox"/> Yona   | <input type="checkbox"/> Merizo |
| <input type="checkbox"/> Santa Rita | <input type="checkbox"/> Talofofo | <input type="checkbox"/> Umatac |                                 |

**D USE OF GRANT FUNDS** (Submit Team Request Letter)

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Entry fee | <input type="checkbox"/> Uniforms                     | <input type="checkbox"/> Trophies/Medals | <input type="checkbox"/> Off Island Tournament travel |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Other (please specify) _____ |  |   |

SIGNATURE OF REQUESTOR \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

- If grant approved, awardee must publicly acknowledge Qualifying Certificate contributor.
- GEDA will not consider more than one grant request from the same applicant in a twelve (12) month period.
- Grant is for Team or Organization and NOT for Individual Players.

### SUBMISSION CHECKLIST FOR INTERNAL USE ONLY:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> League Officials    | <input type="checkbox"/> Team Roster | <input type="checkbox"/> Mayor Verification |
| <input type="checkbox"/> Team Request Letter | <input type="checkbox"/> Other _____ |   |

Meets intended use of funds: ☐ Yes ☐ No Certification of Funds: \_\_\_\_\_

☐ Approved ☐ Disapproved

Christina Garcia, Acting Chief Executive Officer/Administrator