



## Team Liberty Grant Application

### What is a Team Liberty Travel Grant?

Team Liberty grants will be offered to active team members seeking assistance with travel costs to the 2024 Transplant Games of America in Birmingham, AL. Applications will be judged by a committee comprised of NJ Sharing Network Foundation members and Team Liberty executive committee, and will be based on information provided at the time of submission. Funds available for grants are based on outcome of team fundraising and sponsorship efforts of Team Liberty members.

### Who can apply?

1. Applicants may include Team Liberty recipients, living donors, donor family members, and supporters.
2. Applicants must be in good standing, i.e., have submitted Team Liberty membership application with membership fee.
3. Applicants must demonstrate involvement in Team Liberty, organ donation, and/or transplantation activities related to awareness, support, fundraising, etc.

### What is the amount of grant awarded and rules of use?

Grants up to the estimated cost of the trip to the 2024 Transplant Games in Birmingham will be considered. Grant amounts depend on availability of funds raised by Team Liberty and involvement level of applicant. Grant recipients must save travel receipts for proof of attendance and auditing purposes. Applicants must disclose any funds received from other sources. No applicant can receive more than the estimated cost of trip from a Team Liberty grant combined with other funds received. Applicants must use the funds only for travel costs listed below for the 2024 Transplant Games of America in Birmingham.

### What is the estimated travel cost to the 2024 Transplant Games in Birmingham, AL?

Trip to Birmingham, AL from Friday July 5 to Thursday July 11 has been estimated at **\$2360** per person (averaged amount, depending on registration deadline, hotel, sharing airport transfers, etc.):

\$60 or \$180 – TGA registration (non-competitor vs competitor)

\$75 or \$150 – Team Liberty membership fee (athlete vs supporter, includes standard uniform/pins, crown, welcome meal, etc)

\$535 – Flight (estimated round-trip including \$30 baggage fee each way)

\$1350 or \$1560 – Hotel (Sheraton vs Westin, includes tax; 6 nights for 2 people – divide if sharing a room, reduce if staying less nights)

\$40 – airport transfer BHM to Sheraton/Westin, and Sheraton/Westin to BHM

The following will not be considered as part of the grant (individuals are responsible on their own):

- Car rental fees – free shuttles provided by TGA between TGA sponsored hotels and venues
- Meals – meals not included (except 1 team meal provided day of Opening Ceremonies)
- Extra uniform pieces/extra pins
- Other incidentals

### When are grant applications due and when will grants be awarded?

Grant applications, including signed W9, must be emailed no later than Wednesday May 8, 2024 to [goteamliberty@gmail.com](mailto:goteamliberty@gmail.com) with the subject line “2024 Grant Application.”

All efforts will be made to disperse grants prior to the 2024 Transplant Games of America.

**Applicant Information**

Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Applicant Type:  Recipient  Living donor  Donor family member  Supporter

If under 18, parent/guardian name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Involvement in Team Liberty and organ donation/transplantation activities in 2023-2024:**

Attended Team Liberty team meeting(s)

List month(s): \_\_\_\_\_

Attended Team Liberty virtual or in-person event(s)

List event(s): \_\_\_\_\_

Attended Team Liberty fundraiser(s)

List fundraiser(s): \_\_\_\_\_

Volunteered at Team Liberty fundraiser(s)

List fundraiser(s): \_\_\_\_\_

Organized a Team Liberty fundraiser

List fundraiser(s): \_\_\_\_\_ Amount raised: \_\_\_\_\_

Solicited Team Liberty sponsorship(s)

List sponsor(s): \_\_\_\_\_ Amount raised: \_\_\_\_\_

Attended NJ Sharing Network training/event/speaking engagement (includes NJSN 5Ks)

List: \_\_\_\_\_

Attended LiveOnNY training/event/speaking engagement

List: \_\_\_\_\_

Attended Donate Life Connecticut training/event/speaking engagement

List: \_\_\_\_\_

Attended or volunteered at transplant center event, meeting, support group, etc.

Describe: \_\_\_\_\_

Attended or volunteered at other transplantation/donation event

Describe: \_\_\_\_\_

Team Liberty committee member, liaison, sport captain, etc. for the 2024 Games

Describe: \_\_\_\_\_

Other

Describe: \_\_\_\_\_

**Additional information (provide as attachment if more space is needed):**

Please provide any additional information that shows your commitment to Team Liberty, organ donation/transplantation, and/or the Transplant Games.

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Please provide any personal or financial circumstances that may warrant consideration.

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Please provide any other sources of financial assistance provided by another person or organization and amount(s) received for your trip to (includes personal fundraising page such as You Caring, GoFundMe, etc.)

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**Certification:**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I am aware that falsification of this information will result in termination of any funding granted or return of funds received.

Applicant signature: \_\_\_\_\_

Parent or guardian signature, if applicable: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they