



Objective: The goal of the Community Activity Program is to encourage Coast Guard members and their families to participate in a variety of community activities. This program, operated by the Cape May County Coast Guard Community Foundation (the Foundation), will reimburse fees for local programs and activities of interest to Coast Guard families.

Eligibility: The program is open to Active-Duty Coast Guard members and their families who either reside in or are stationed in Cape May County.

Eligible programs: Organizations within Cape May County that provide group activities for all age groups. Organizations outside of Cape May County will be considered at the discretion of the Foundation.

Program restrictions:

1. Maximum of \$300 per dependent per calendar year.
2. Activities excluded for reimbursement include daycare, summer camps and equipment.
3. Reimbursement is not guaranteed and is dependent upon availability of funds.
4. The Foundation has final authority for reimbursement decisions.

Process to request reimbursement:

1. Initial payment made by Coast Guard member
2. Submit "Reimbursement Request Form" with copy of receipt for program

via email to CGActivityProgram@coastguardcommunity.org

or mail to:

P.O. Box 1365

Rio Grande, NJ 08242

5. Reimbursement check will be mailed to the Coast Guard member by the end of the month after the month of receipt (e.g., check for request received in January will be mailed by end of February).

Please contact CGActivityProgram@coastguardcommunity.org with any questions.

Coast Guard Community Activity Fund Reimbursement Request Form

Instructions: Please submit the completed form and a copy of the receipt for the activity to the Cape May County Coast Guard Community Foundation via email to CGActivityProgram@coastguardcommunity.org or via regular mail to:

Cape May County Coast Guard Community Foundation
P.O. Box 1365
Rio Grande, NJ 08242

Coast Guard member name: _____

Company _____

Home Address: _____
(check to be mailed here) _____

Name of person who participated in program: _____

Age of person who participated in program: _____

Name of program: _____

Address of program: _____

Total fee for program participation (please attach receipt copy): \$ _____

Signature of Person Submitting Request

Date of Request

Email: _____

Phone: _____

Please email CGActivityProgram@coastguardcommunity.org if you have any questions. Reimbursements are not guaranteed and are subject to available funding at the discretion of the Cape May County Coast Guard Community Foundation.

