



## LIONS CLUB ENDORSEMENT

### LIONS CLUB INFORMATION

Name of Club Endorsing Application: \_\_\_\_\_

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

### LIONS CONTACT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### GRANT INFORMATION

Type of Grant:

Patient Care    Equipment    Professional Education    Community Project

Amount of Funding Request: \_\_\_\_\_

Brief description of program/service and who will benefit: \_\_\_\_\_

\_\_\_\_\_

### SIGNATURE

By signing below, we endorse this application and agree that if this request is funded, our club will abide by the terms of the grant.

\_\_\_\_\_  
Signature of Club President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Club Secretary

\_\_\_\_\_  
Date



**PATIENT INFORMATION (If applicable)**

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian (if patient is a minor): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

***Please attach a HIPAA Release Form witnessed by the physician's office at the end of this application.***

How did the club determine that the grant beneficiary is unable to pay for care through his/her own resources?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why does the club believe this application is worthy of funding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TREATMENT**

Name of Physician: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Provide a detailed explanation from the physician regarding the treatment or equipment needed as an attachment to this application.

Estimated cost of treatment or equipment (Please include documentation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ORGANIZATION INFORMATION (for Equipment Grants)**

Organization Making Request From Lions Club: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Type of Organization (i.e., nonprofit, foundation, association): \_\_\_\_\_

Founding Date: \_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION CONTACT INFORMATION**

Contact Name for Organization Making Request: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_



**Use additional pages if necessary to answer the following questions:**

**EQUIPMENT**

Please explain the purpose and need for the equipment.

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How many people will be impacted annually by this project? Please include the number served, age, socio-economic status and community. For example: *Fifty children 5 years of age and younger from low-income families who live in Northampton County will be served.*

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Where will the equipment be used?

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What are the anticipated outcomes if the equipment is acquired?

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**BUDGET**

Total cost of equipment (Please attach bid at end of application):

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Other funding sources, including confirmed and in process:

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Date when funds are needed:

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**CLUB SPONSORSHIP**

Why does the club believe that this application is worthy of funding?

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How will the Lions be involved in this project?

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**ACKNOWLEDGEMENT OF FUNDS**

How will financial support from the Northeast Pennsylvania Lions Service Foundation be acknowledged?

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**ADDITIONAL INFORMATION**

Please provide any additional information that might be helpful to the Foundation in evaluating this request.

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By signing below, I acknowledge that the requested funds will be used in the Northeast Pennsylvania Lions Service Foundation's service area, which includes Central and Eastern Pennsylvania Lions districts.

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President, Board of Directors

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Date



**ORGANIZATION INFORMATION (for Community Program Grants)**

Name of Organization Making Request from Lions Club:

\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Type of Organization (i.e., nonprofit, foundation, association): \_\_\_\_\_

Founding Date: \_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION CONTACT INFORMATION**

Contact Name for Organization Making Request:

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Has this organization requested a grant in the past?** \_\_\_\_\_

**If so, approximately how many new clients will be served by this grant?** \_\_\_\_\_

\_\_\_\_\_



**Use additional pages if necessary to answer the following questions:**

**PROJECT**

Please explain the project, including the purpose and need.

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How many people will be impacted annually by this project? Please include the number served, age, socio-economic status and community. *For example: Fifty children 5 years of age and younger from low-income families who live in Northampton County.*

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Where will the project take place?

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What are the goals and anticipated outcomes of the project?

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**TIMELINE**

Please provide a timeline for the project including key milestones.

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**ORGANIZATION INFORMATION (for COMMUNITY PROJECT GRANTS)**

Name of Organization Making Request from Lions Club:

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Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Type of Organization (i.e., nonprofit, foundation, association): \_\_\_\_\_

Founding Date: \_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION CONTACT INFORMATION**

Contact Name for Organization Making Request:

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Has this organization requested a grant in the past?** \_\_\_\_\_

**If so, approximately how many new clients will be served by this grant?** \_\_\_\_\_

\_\_\_\_\_



**Use additional pages if necessary to answer the following questions:**

**PROJECT**

Please explain the project, including the purpose and need.

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How many people will be impacted annually by this project? Please include the number served, age, socio-economic status and community. *For example: Fifty children 5 years of age and younger from low-income families who live in Northampton County.*

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Where will the project take place?

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What are the goals and anticipated outcomes of the project?

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**TIMELINE**

Please provide a timeline for the project including key milestones.

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**BUDGET**

Total cost of project: \_\_\_\_\_



Detailed project budget including description for each line item:

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Other funding sources, including confirmed and in process:

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Date when funds are needed: \_\_\_\_\_

**CLUB SPONSORSHIP**

Why does the club believe that this application is worthy of funding?

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How will the Lions be involved in this project?

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**ACKNOWLEDGEMENT OF FUNDS**

How will financial support from the Northeast Pennsylvania Lions Service Foundation be acknowledged?

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**ADDITIONAL INFORMATION**

Please provide any additional information that might be helpful to the Foundation in evaluating this request.

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\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Date