



## GRANT APPLICATION

### LIONS CLUB ENDORSEMENT

#### LIONS CLUB INFORMATION

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

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

District 14-\_\_\_\_\_ Facebook Page: \_\_\_\_\_

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

Club Website address: \_\_\_\_\_

#### LIONS CONTACT

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

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

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

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

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

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

Has your Club been financially supportive of the NEPALSF Foundation directly or through District Projects?  Yes  No

Lions Club total Annual Budget (Fundraising/Community Budget) for each of the past three years. 20\_\_ \$ \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

#### GRANT INFORMATION

Type of Grant: Check box below.

Patient Care  Equipment  Professional Education  Community Project

*-Community Projects may apply for a grant up to 50% of a project costs (includes funds or in-kind contributions). Community Grant Projects/Program/Requesting Organization, would not be eligible to apply for two year period following grant funds previously awarded from NEPALSF.*

*-NEPALSF Grant Funds may not be used for any salaries or personal compensation.*



*-In purchase of a vehicle, grants should not exceed more than 50% of purchase price and no more than \$25,000.*

The requested amount of funding in this grant application: \$ \_\_\_\_\_

The donation from Sponsoring Lions Club: \$ \_\_\_\_\_

(The recommended minimum contribution from the Sponsoring Club is 10%.)

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

\_\_\_\_\_

What other fund resources were explored? \_\_\_\_\_

\_\_\_\_\_

## **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

Please note:

- The first two pages of this application must be completed in its entirety. No blank answers will be accepted for consideration.
- A grant project application could be approved, approved in part, or denied.
- Project photos and plans may be attached to application.

Please demonstrate a club partnership or connection to the Project Recipient location of project. \_\_\_\_\_

*Next Pages for Grant Project Type: Patient Care (Pages 3-4), Equipment (Pages 5-7), Professional Education (Pages 8-9), Community Project (Pages 10-11)*



PATIENT CARE GRANT

**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

***Required: HIPAA Release Form, witnessed by the physician's office, located 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):

---

---

---

---



## EQUIPMENT GRANT

### **ORGANIZATION INFORMATION**

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.

---

---

---

---

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.*

---

---

---

Where will the equipment be used?

---

---

---

What are the anticipated outcomes if the equipment is acquired?

---

---

---

---

**BUDGET**

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

---

---

---

Other funding sources, including confirmed and in process:

---

---

---



Date when funds are needed:

---

**CLUB SPONSORSHIP**

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

---

---

---

How will the Lions be involved in this project?

---

---

---

**ACKNOWLEDGEMENT OF FUNDS**

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

---

---

---

**ADDITIONAL INFORMATION**

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

---

---

---

---

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.

---

President, Board of Directors

---

Date



**PROFESSIONAL EDUCATION GRANT**

**ORGANIZATION INFORMATION**

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.

---

---

---

---

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.*

---

---

---

Where will the project take place?

---

---

---

What are the goals and anticipated outcomes of the project?

---

---

---

---

---

---

**TIMELINE**

Please provide a timeline for the project including key milestones.

---

---

---

---

---

Proceed to Page 13 Acknowledgment of Funds



**COMMUNITY PROJECT GRANTS**

**Community Projects may apply for up to 50% of a project and the grant (includes funds or in-kind contributions). Community Grant Projects/Program/Requesting Organization, would not be eligible to apply for two years following grant funds awarded from NEPALSF.**

**ORGANIZATION INFORMATION (for COMMUNITY PROJECT 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? \_\_\_\_\_**



Please demonstrate a club partnership or connection to the Project Recipient location of project. \_\_\_\_\_

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

**PROJECT**

Please explain the project, including the purpose and need.

---

---

---

---

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.*

---

---

---

Where will the project take place?

---

---

---

What are the goals and anticipated outcomes of the project?

---

---

---

---

---

---

**TIMELINE**

Please provide a timeline for the project including key milestones.

---

---



**BUDGET**

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

Detailed project budget including description for each line item:

---

---

---

---

---

---

---

---

Other funding sources, including confirmed and in process:

---

---

---

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

**CLUB SPONSORSHIP**

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

---

---

---

---

How will the Lions be involved in this project?

---

---

---

---

A sign of recognition to NEPALSF \_\_\_\_\_ may or \_\_\_\_\_ may not be posted at the project.



**ACKNOWLEDGEMENT OF FUNDS**

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

---

---

---

---

**ADDITIONAL INFORMATION**

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

---

---

---

---

---

---

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.

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

\_\_\_\_\_  
Date