



## GUIDELINES FOR LIONS OF ARKANSAS FOUNDATION GRANT

Matching grants up to \$1,000 will be awarded to Arkansas Lions Clubs based on the following criteria:

**For purchasing equipment or facilities that will be used to directly provide services for Sight, Hearing and/or Youth Programs.**

**For purchasing equipment or facilities that will be used to generate funds to provide services for Sight, Hearing and/or Youth Programs.**

**All grant requests will be reviewed by the Lions of Arkansas Board of Trustees.**

The maximum amount of grants is \$1,000.00. Matching funds are recommended, but not required.

Grant applications to the Foundation may be submitted by a Lions Club at any time. Proposals will be reviewed for funding at each of the Foundation's quarterly meetings. Twenty-five percent of the funds requested will be released at the time the grant is approved. Additional funds will be paid on a reimbursable basis when the project is completed and proof of expenditures and a final report have been received. The reports must be received within 30 days of the project completion. If the project is long-term, over six month, funds may be reimbursed more often. A project period may be extended upon justification received by the Foundation.

One copy of the grant application must be submitted to the Lions of Arkansas Foundation 7430 North Hills Blvd. North Little, Arkansas 72116.

If you have questions, please contact a member of the Foundation in your district.

**LIONS OF ARKANSAS FOUNDATION**

**GRANT APPLICATION**

**Page 1**

**TITLE OF PROJECT:** \_\_\_\_\_

**NAME AND ADDRESS OF APPLICANT ORGANIZATION :**

NAME: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

**PROJECT DIRECTOR'S NAME, MAILING ADDRESS & PHONE:**

NAME: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**TOTAL PROJECT COSTS:** \_\_\_\_\_

**PROPOSED GRANT PERIOD:** \_\_\_\_\_

**NARRATIVE: (EXPLAIN IN DETAIL WHAT YOU PLAN TO ACCOMPLISH IN NO MORE THAN 5 DOUBLE-SPACED PAGES AND ATTACH TO THIS APPLICATION).**

**BUDGET: (SEE PAGE 2)**

**A FINAL REPORT IS DUE 30 DAYS AFTER THE FUNDING PERIOD ENDS.**

\_\_\_\_\_  
**SIGNATURE OF OFFICIAL**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF OFFICIAL**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**TELEPHONE**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**

**APPLICATION BUDGET**

**1. PERSONNEL**

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**2. TRAVEL**

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**3. SUPPLIES AND MATERIALS (Itemize below)**

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**4. PRINTING AND DUPLICATING**

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**5. POSTAGE AND TELEPHONE**

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**6. EQUIPMENT RENTAL OR PURCHASE**

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**7. OTHER (SPECIFY)**

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**TOTAL**

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**An explanation of each budget item must be attached.**