

The McGaheysville-Massanutten Lions Club

GRANT REQUEST FORM

Fiscal Year: 20 - 20

Please complete this form and send to our Grants Committee Chairperson (grantscomm@massanuttenlions.com) -- if necessary, attach additional documentation for consideration. It should be noted that our Lions Club fiscal year begins on July 1st of each year. If you would like assistance in completing this form, contact our Grants Committee Chairperson.

Requestor Name: Application Date: / /

Organization: Phone: - -

Address:

City: State: Zip: -

Email:

Website:

Grant Title: Grant Amount: \$

Grant Program Start Date: / / Grant Program End Date: / /

Required Funding Date: / / Grant Need: One-Time ☐ Continuous ☐

Program Focus: Sight ☐ Hearing ☐ Diabetes ☐ Education ☐ Youth ☐ Community ☐

Other (specify):

Grant Program Description:

Estimated Individuals to Benefit from the McGaheysville-Massanutten Lions Club Grant:

Total Proposed Program Budget: \$ Number of Years:

Program Funding Sources (include all committed/potential and amounts):

Potential Non-Monetary Means of Lions Club Assistance:

Lions Club Recognition:

Organization Description:

McGaheysville-Massanutten Lions Grants Committee Use Only

Request #: <input type="text"/>	Date Received: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Reviewed: <input type="text"/> / <input type="text"/> / <input type="text"/>
Budget Amount: \$ <input type="text"/>	Amount paid: \$ <input type="text"/>	Payment Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Date Notified: <input type="text"/> / <input type="text"/> / <input type="text"/>	Notification by: <input type="text"/>	
Status: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Status: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
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