



LIONS OF VIRGINIA FOUNDATION, INC.

GRANT REQUEST FOR SPECIAL NEEDS EQUIPMENT AND SERVICES PROGRAM (SNESP)

PLEASE SUBMIT THIS GRANT REQUEST ELECTRONICALLY OR BY MAIL TO LOVF SPECIAL NEEDS EQUIPMENT AND SERVICES PROGRAM (SNESP) CHAIRPERSON

DATE: _____

REASON FOR GRANT REQUEST: _____

ESTIMATED COST: _____ AMOUNT CLUB IS CONTRIBUTING: \$ _____

FUNDS REQUESTED FROM LOVF: _____

CLUB/DISTRICT REQUESTING ASSISTANCE:

LIONS CLUB: _____ DISTRICT: _____

LION CONTACT PERSON'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Please Provide or Attach Information/ Documentation (eye reports, teacher recommendations, equipment quote/invoice, etc.) **to support your grant request. Requests must be recommended / prescribed by a qualified professional.** (e.g.: teacher, vision teacher, optometrist, therapist, case manager, etc.)

**PLEASE SUBMIT THIS GRANT REQUEST ELECTRONICALLY OR BY MAIL TO LOVF SNESP CHAIRPERSON:
Lion Billy Potter; 14107 Hill Spring Drive; Chester, Virginia 23831-8019**

Email: wcpford@comcast.net Phone: 804-720-6729

You must also submit this application to your District Governor and LOVF Representative.

LOVF DOES NOT REIMBURSE FOR MONIES ALREADY PAID OUT BY THE CLUBS/DISTRICTS



LOVF Website