



LIONS OF VIRGINIA FOUNDATION, INC.
GRANT REQUEST FOR SPECIAL NEEDS EQUIPMENT



Application for assistance completed form must be submitted to the LOVF Special Needs Chairperson no less than thirty (30) days prior to the LOVF Board Meeting.

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

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 ANY ADDITIONAL INFORMATION/DOCUMENTATION
(eye reports, teacher recommendations, equipment quote, etc.) TO SUPPORT YOU GRANT REQUEST.

PLEASE SUBMIT THIS GRANT REQUEST ELECTRONICALLY
OR BY MAIL TO LOVF SPECIAL NEEDS CHAIRPERSON:

Lion Billy Potter 14107 Hill Spring Drive Chester, VA 23831-8019
Email: wcpford@comcast.net Phone 804-720-6729

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