 **Australian Lions Foundation Ltd.**

**ABN 14 162 099 840**

**Application – Disaster Recovery Grant**

***Forward to: Disaster Grants Chairperson***

***Australian Lions Foundation Ltd. (alf.edcgrants@lions.org.au)***

**APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CLUB / DISTRICT)**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LCI Club/District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_\_\_\_POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PURPOSE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(*ENCLOSE DETAILED INFORMATION AS PER CRITERIA REQUIREMENTS IN SUPPORT OF THIS GRANT)***

1. **APPROXIMATE NUMBER OF PEOPLE THIS GRANT WILL ASSIST: \_\_\_\_\_\_\_\_\_\_\_\_**
2. **TOTAL COST OF PROJECT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **AMOUNT OF FUNDING CLUB/DISTRICT IS PROVIDING: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **AMOUNT OF FUNDING REQUESTED FROM AUSTRALIAN LIONS FOUNDATION: $\_\_\_\_\_\_\_\_\_\_**
5. **FINAL REPORTING: THE CLUB/DISTRICT MUST COMPLETE AND LODGE AN ACCOUNTABILITY FORM (PROVIDED TO YOU WHEN GRANT IS APPROVED)**

##### **DECLARATION BY OFFICERS OF APPLICANT CLUB/DISTRICT**

We declare that we are authorised by the Club to take responsibility for the above project and accept the conditions of the grant and will on behalf of the Club, within 30 days of the completion of the project, forward to the Disaster Grants Chairperson of the Australian Lions Foundation the Accountability Form. ([alf.edcgrants@lions.org.au](mailto:alf.edcgrants@lions.org.au))

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club President/District Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name) (Signature)**

**Project Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name)**

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

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| --- | --- | --- | --- |
| **Bank Account Details for Grant Internet Direct Payment** | | | |
| **Name of Account** | **Bank** | **BSB** | **Account Number** |
|  |  |  |  |

**Note: CERTIFICATION BY DISTRICT ALF CHAIRPERSON is required**

**I have reviewed this grant application and required attachments. To the best of my knowledge the information submitted is accurate and the need exists as indicated.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_** **Date:**\_\_\_\_\_\_\_\_\_\_\_

**April 2022 F**