

Australian Lions Foundation Ltd.

ABN 14 612 099 840



ALF OFFICE USE ONLY
Grant Number
Date Received
Action Taken

APPLICATION CHECKLIST – SPG -Lifesaver GRANT

INSTRUCTIONS AND CONDITIONS FOR GENERAL GRANTS APPLICATIONS

(TICK THE BOXES TO CONFIRM YOU UNDERSTAND AND AGREE)

- 1. All grant applications must include a letter from the Applicant Club/District to ALF giving full details of and explaining the purpose of the grant and how it will benefit Club/District and Community.
- 2. ALF Funding must be for a specific purpose or item and not for general or central funds, AND copies of Quote(s) (inclusive of GST, unless GST exempt), evidencing and equal to the “Total Cost of Project” shown on the Grant Application, must be included.
- 3. Grants requested must not exceed the funds being contributed by or raised by the direct efforts of the Applicant Club/District and are limited (\$ for \$) to a maximum of \$5,000.
- 4. The project must not be commenced prior to the Grant Application being submitted and approved by ALF. However preliminary planning/requests for funding shall not be deemed commencement.
- 5. Grants must be taken up within 12 months of approval. However, extension of time may be granted upon application.
- 6. The Applicant (Club/District) is responsible for the proper and efficient administration of and accounting for all funds granted, and a “FINAL REPORT” containing a complete accounting for the funds, and copies of publicity and photographs of the project is to be forwarded within 30 days of the completion of the project to the ALF Promotions Chairman
- 8. The completed project is to include signage acknowledging the Foundation’s support. (ALF decals shall be provided which may assist in this regard).
- 9. Prior to lodgement your District ALF Chairman must endorse the Application Form at the foot thereof where provided. (In his/her absence, the DG, or a District Executive may endorse, or if circumstances dictate, support communicated by email may be accepted.)

ALL DECISIONS OF THE DIRECTORS ARE MADE IN GOOD FAITH AND ARE FINAL AND BINDING

You should first contact your District ALF Chairman before completing the Grant Application Form. Further information may also be obtained from your State Director or our Chairman

The completed Application Form and Checklist, duly signed and endorsed, together with all required supporting documents, should be forwarded to:-
The Chairman, Australian Lions Foundation

alf.chairman@lions.org.au

AUSTRALIAN LIONS FOUNDATION LTD.

ABN 14 612 099 840



APPLICATION FORM – Special Purpose Grant – Lifesaver

APPLICANT: _____ DISTRICT: _____
(Club/District)

ADDRESS: _____ LCI Club/District Number: _____

STATE: _____ POST CODE: _____ EMAIL ADDRESS (Club): _____

1. NAME AND PURPOSE OF PROJECT: _____

(REFER TO THE ALF WEBSITE FOR CONFIRMATION OF PROJECTS COVERED BY GRANTS)

2. APPROXIMATE NUMBER OF PEOPLE THIS PROJECT WILL ASSIST: _____ (If Known)

3. TOTAL COST OF PROJECT- (as per quotes supplied herewith): \$ _____

4. AMOUNT OF FUNDING CLUB / DISTRICT IS PROVIDING OR RAISING : \$ _____

5. AMOUNT OF FUNDING REQUESTED FROM THE AUSTRALIAN LIONS FOUNDATION: \$ _____

(MUST NOT EXCEED THE APPLICANT'S CONTRIBUTION & MAXIMUM \$5,000 APPLIES)

DOES THE AMOUNT AT ITEM 4 INCLUDE FUNDS FROM OTHER SOURCES? YES / NO [Delete one]

If **YES**, provide the following Amounts:

Other Lions Organisations (give details in your attached papers) AMOUNT \$ _____

Non-Lions Organisations (give details in your attached papers) AMOUNT \$ _____

6. PROPOSED PROJECT COMMENCEMENT DATE: _____

7. ANTICIPATED FINISH DATE: _____

8. **FINAL REPORTING:** THE CLUB / DISTRICT MUST COMPLETE AND LODGE A "FINAL REPORT" FORM (PROVIDED TO YOU WHEN GRANT IS APPROVED) AS PER ITEM 9 ON THE GRANT INSTRUCTIONS PAGE.

DECLARATION BY OFFICERS OF APPLICANT CLUB/DISTRICT

We declare that we are authorised by the Club to take responsibility for the above Club 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 Chairman of the Australian Lions Foundation, a full and comprehensive "Final Report" as required by Item 6 overleaf.

Dated: _____

President: _____
(Name) (Signature)

Project Chairman: _____
(Name) (Signature) (Email/Phone contact)

Bank Account Details (for Direct Payment of Grant)

Name of Activities Account	Name of Bank	BSB	Account Number	

Note: CERTIFICATION BY DISTRICT ALF CHAIRMAN 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: _____
DISTRICT CHAIRMAN

CHECKLIST

- > HAVE YOU READ THE INSTRUCTIONS, COMPLETED THE APPLICATION FULLY & OBTAINED ALL THE SIGNATURES REQUIRED?
- > HAVE YOU HAD THE DISTRICT CHAIRMAN SIGN ABOVE?

March 2022