



Grant Application for Screening Equipment (LCF III)

Completed form must be submitted to the LCFSV Grants Committee no less than fourteen (14) days prior to the LCFSV Board Meeting. Board meets on the third Monday in January, April, July and October. This form must be filled out **COMPLETELY** including endorsements to be considered for funding.

Date: _____

Section 1 - Applicant: Lions Club or Zone Name: _____

If Zone request, list participating clubs: _____

Lions Member Coordinating Request: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Section 2 - Equipment and Funding: Please attach a written quote from vendor. LCFSV will provide matching funds up to 50% of equipment purchase price

Type of Equipment: (Check all that apply) Vision Hearing Other

Manufacturer _____

Equipment Description: _____

Amount Requested: _____

List all matching funds sources and amounts: _____

Section 3 - Statement of Need: Please check one:

Replacement equipment to maintain current screening services Original Date of Purchase: _____

New Equipment request to expand screening services

If this is a Club request:

How many screenings has your Lions Club sponsored over the past 24 months? _____

How many children has your club screened over the past 24 months? _____

Does your Club submit all screening reports to the District Children Services Chair? Yes No

Does your Club currently own SPOT Audiometer Both - Age of equipment: _____

Does your Public School Division allow you to screen children in the schools? Yes No

If this is a Zone request:

How many SPOTS / hearing screening devices are currently in your zone? _____

How many joint screenings in the past 24 months: _____

If this is a request for new equipment describe how the club/zone will use the device to expand service:

1. Signatures of Endorsement:

Club President: _____

If Zone request, signature of Club President that will be responsible for equipment.

Zone Chair: _____

District Children services Chair: _____

2. Submission:

Please submit form to Grants Committee Chair at Grants@lcfsv24l.org