



**Hunger Relief Program Grant Request**

Completed application forms must be submitted to the Grants Committee Chairperson by

**January 31, 2025**

DATE: \_\_\_\_\_

LIONS CLUB REQUESTING ASSISTANCE: \_\_\_\_\_

LIONS CONTACT PERSON'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROJECT DESCRIPTION:**

PLEASE DESCRIBE YOUR HUNGER RELIEF PROJECT OR INVOLVEMENT WITH THIS FOOD PANTRY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD PANTRY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NON-PROFIT TAX I.D. (indicating their 501c3 status) \_\_\_\_\_

CLUB PRESIDENT or SECRETARY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CLUB PRESIDENT or SECRETARY SIGNATURE: \_\_\_\_\_

PLEASE SUBMIT THIS GRANT REQUEST ELECTRONICALLY TO THE LCF of SEVA GRANTS COMMITTEE CHAIR: PDG  
Debbie Ivey at [grants@lcfsv24i.org](mailto:grants@lcfsv24i.org)