

## **OLDS LIONS CLUB**

## P.O. Box 3897 Olds, AB T4H 1P5



## **Application for Financial Support**

When submitting requests for financial support and/or funding from the Olds Lions Club, we ask that you consider the following guidelines in order to be considered for assistance.

We do recognize there will be exceptional circumstances when requests must be submitted with short notice - all other requests should be submitted in a timely manner so the Club can budget for all outgoing funds.

Our general guidelines are as follows:

- 1. Contact person, telephone number, email address.
- 2. Full description of request including goals, who will benefit and how.
- 3. Estimated total cost or annual budget or business plan and time frame of the initiative.
- 4. Specific amount of the financial request from the Olds Lions Club and date required.
- 5. Names of other sources (with amounts) contacted for funding and confirmed funding you have received or anticipate receiving for this project.
- 6. Notes on Government funding available and whether application has been made Municipal, County, Provincial and Federal.
- 7. Are you a registered charitable organization and do you issue tax receipts?
- 8. Donor recognition how will donor's contributions be acknowledged?

Please note: If funds are received from the Olds Lions Club, a summary report is required confirming project completion, describing the project and goal achieved accompanied by photographs and financial report on the project upon request.

A member of the Olds Lions Club may follow up your application with additional questions if needed as well as a presentation to the Club as a whole may be required.

Please note that requests need to be received at least 60 days in advance. Funding is not automatic. Verbal requests or perpetual funding will not be entertained.

Financ	cial assistance requested for:						
Name	of applicant:						
Addre							
Teleph	none Number:						
Fax Number:							
Email	Address:						
Conta	ct Person:						
1.	Reasons for your request for financial support.						
(a)	Name of the project:						
(b)	Brief description of the project:						
(d)	Goals of the project:						
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(d)	Who would benefit and how:						
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14 00.0000							
2.	Estimated total cost or annual budget or business plan and time frame of the initiative:						
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3.	Amount requested from the Olds Lions Club and date required:						
	Amount: Date required:						
4.	Names of other sources (with amounts) you have asked for funding.						
5.5	2. Jane, Journes (with amounts) you have asked for fulfalling.						
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5.	Government funds available	for project:	Yes			No			
	Has application been made	for funding from?							
	Municipality:		Yes			No			
	County:		Yes			No			
	Province:		Yes			No			
	Federal Government:		Yes			No			
6.	Are you a registered charita	ble organization:	Yes			No			
	Do you issue tax receipts:		Yes			No			
7.	Donor recognition:								
	How will Lions contribution	be acknowledged?							
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8.	If there are excess funds raised for the project, where will these funds be allocated?								
projec	note: If funds are received fr t completion, describing the al report on the project upor	project and goal achie							
1		Olds Lions Club P.O. Box 3897 Olds, AB T4H 1P5							
	by email to:	Secretary.Oldslions@	gmail.	com					
I certify that the above information is true and accurate									
Name	and Title								
Signat	ure		Date						

## **CLUB USE ONLY**

Disposition of reques	st:			
Granted				
Deferred				
Declined				
Comments:				
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