



Bonita Springs Lions Charities, Inc.
 PO Box 366776
 Bonita Springs, FL 34136
 239-992-4011
 Grants@bonitalions.org



Organization's Name: _____
 Principal Director: _____
 Contact Person: _____
 Phone: _____ e-mail: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Organization's Mission: _____

Number of Employees: _____ Number of Volunteers: _____
 Are you a 501(c)3 organization? Yes No
 Have you previously requested funding from us? Yes No
 Details: _____

Program/Project: _____
 Total Project Budget: _____
 Current Funds Raised: _____ Amount Requested: _____
 Do you have other sources of funding? Yes No
 Details: _____
 Number of people served/affected by project: _____
 Project Start Date: _____ End Date: _____

Explanation of the proposed Program/Project: Attach additional information as needed.

Grant request is for General Operations Special Project Program
 This request is for an ongoing or a one-time program/project.
 Date funds are needed: _____
 Date _____ / Time _____ the Lions can schedule a site visit if requested.

Signature of Program/Project Director: _____ Date: _____

Accompanying Documentation requested:
 501(c)3 IRS determination letter if applicable.
 Most recent Form 990 and profit/loss statement.
If you are approved, the Lions Club requests a follow-up financial statement within 2 months on how the grant money was used.

Committee Approved: Yes No Amount: _____ Date: _____
 Board Approved: Yes No Amount: _____ Date: _____