

**LIONS CLUBS INTERNATIONAL]
DISTRICT 201V3**

APPLICATION FOR ALLOCATION FROM LIONS CAKE FUND

NAME OF CLUB:.....DATE OF APPLICATION:.....

FULL DESCRIPTION OF EQUIPMENT

.....
.....

TOTAL COST OF EQUIPMENT

CONTRIBUTION FROM RECIPIENT

CONTRIBUTION FROM OTHER SOURCES

CONTRIBUTION FROM CLUB

SHORTFALL \$.....

By what means will you meet any shortfall of funds should the requested amount be reduced by the Committee or District Cabinet?

.....
.....

CHECK LIST (Delete whichever is not applicable)

Two (2) quotations including availability attached? YES/NO

If no, please state reason:.....
.....

A statement from the recipient indicating the need for the equipment, and agreement to accept same. YES/NO

A medical appraisal of the equipment, including an assessment of the anticipated use, by a Hospital Superintendent or a legally qualified medical practitioner. YES/NO

Other supportive documentation YES/NO

**FORWARD COMPLETED APPLICATION AND DOCUMENTATION TO THE
CABINET SECRETARY BY – 3rd WEDNESDAY IN MARCH**

NAME OF PERSON MAKING APPLICATION

SIGNED:.....CLUB OFFICER:.....