DEDICATED GRANT ACTION REQUEST INDIANA LIONS FOUNDATION, INC.

8780 Purdue Road Indianapolis, IN 46268 (317) 824-1024

| Date: | | |
|--|-------------------------------------|---|
| PART I | | |
| Indicate requested action: | Create economi | (Dont III completion required) |
| | Create account | (Part III completion required) |
| | Deposit Funds | Amount <u>\$</u> |
| | Withdraw Funds | Amount <u>\$</u> |
| Note: A 2% fee for each withdray | wal total will be retained by the I | Foundation. |
| PART II | | |
| Project Title: | | |
| Name of applying Club, Sub-Dis State Project making a request: _ | | |
| Applicant's Federal EIN Number Note: All applications N | : | nsidered. |
| Responsible Contact Person: | | |
| Address: | | |
| • | | District: |
| PART III | | |
| Briefly describe the project for w | hich you are requesting a grant: | |
| | | |
| | | |
| Is the project for which you have personal benefit or compensation | | Evic or Public Project, which will not result in a making this application? |
| (Mark appropriate answer) YES_ | NO | |

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The applicant, in making this application, also agrees to accept responsibility for the conduct of the project or the part of the project being assisted through the Indiana Lions Foundation, Inc. The applicant also agrees to make a six (6) month report and a final report, complete with pictures if possible, within one (1) year of receipt of the Grant on the expenditure of funds.

| SOURCE OF FUNDS RECEIVED BY THE FOUNDATI | ION FOR TH | E DEDICATED GRANT |
|--|------------|-------------------|
| Donor's Name | Amount | \$ |
| Donor's Name | Amount | \$ |
| Donor's Name | Amount | \$ |
| | | |
| | | |
| Signature of Authorized Grantee Officer | Date | |
| | | |
| Printed Name, Title | | |

Mail To: Indiana Lions Foundation 8780 Purdue Road Suite #9 Indianapolis, IN 46268 Or email kathylozier@icloud.com