

**REQUEST FOR
FINANCIAL ASSISTANCE**



**Return Request To:
BUFFALO LIONS CLUB
P.O. BOX 531
BUFFALO, MN 55313**

Today's Date ____/____/____

YOUR name: _____

INTERNET REQUEST

Requesting ORGANIZATION or INDIVIDUAL _____

YOUR address: _____ Phone _____

Other contact person: _____ Phone _____

- General Purpose: (Circle any that apply) *ISD *Youth Activities
- *Parks & Recreation *Health *Disability/Challenged * International
- *Community Projects *Other _____

Specific purpose: _____

This will benefit: _____

(Please use reverse side if needed for FULL explanation)

Total Cost of Project: \$ _____

List other agencies you have contacted: _____

Which are going to assist you? _____ **In What Amount?** \$ _____

Check Payable to: _____ **Amount Requested from Lions:** \$ _____

YOUR SIGNATURE: _____ **Date Needed:** ____/____/____

NOTE: Request MUST be received before the SECOND MONDAY of the month
Request CANNOT be acted upon before the THIRD WEDNESDAY of the month.

Amount/s awarded to date this year: \$ _____

COMMITTEE USE: For last fiscal year (7/1 – 6/30): \$ _____

	AMOUNT	DATE	INITIALS
COMMITTEE Recommended:	\$ _____	_____	_____
BOARD Recommended:	\$ _____	_____	_____
CLUB Approved:	\$ _____	_____	_____

COMMITTEE COMMENTS: _____

\$ _____
Amount Awarded

Check # _____

Date: / /