



Saint Augustine Lions Club
1670 U.S. 1 South
St. Augustine, FL 32084

Assistance Request

DIRECTIONS TO REQUEST ASSISTANCE

Complete the form as completely as possible to request cash assistance or assistance with a purchase.

Plan to submit your request 45 days prior to your need by date. Requests submitted earlier are better.

Please attach any quotes for purchases/services or additional information that will be useful in review of the request.

If you plan to submit more than one request in a year (July – June) please prioritize your submissions. Your first request should be the most needed – or you can submit all requests at one time. EMERGENCY requests will be considered.

The St. Augustine Lions will accept requests for an individual, however, these requests must be for a specific need. For example, medical equipment, home repair, youth leadership/academic opportunity. Note – these requests are fulfilled by paying the vendor directly.

Please be sure we can contact the person listed on the form with any questions about the request.

Date funds are needed by: _____

If funded, make funds payable to information: _____

How did you learn about this application? _____
(For example, Seafood Festival, A Member of the Club, Prior Assistance, please be specific)

Are there any other sources of funds for this? YES _____ NO _____

Request to Others Pending: YES _____ NO _____

If yes, please list who and how much: _____

Requesting for (circle one) Organization OR Individual

Assistance Requests to help an individual MUST include business or organization for payment.

Quote, invoice or other documents must be attached.

When was the last time you received funds from the St. Augustine Lions Club? _____

Name/Organization: _____

Registered as non-profit? YES _____ NO _____ If 'YES,' EIN # _____

Contact Name: _____
Position/Relation to Request: _____
Contact Email*: _____
Contact Phone*: _____

**Please provide name and address below of person to send donation if approved.

Name: _____ Email: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Is your request to assist residents of St. Johns County? YES _____ NO _____

Requested amount from St. Augustine Lions Club: _____

Please attached a budget. List MOST important items first on the budget.

If the Lions can fund a portion, but NOT the entire request, would that be useful?

YES _____ NO _____

Being as specific as possible, please tell us how the St. Augustine Lions can assist:

SIGNATURE: _____ APPLICATION DATE: _____

FOR ST. AUGUSTINE LIONS CLUB USE:
BOARD APPROVAL: YES / NO AMOUNT ISSUED: _____ DATE: _____
IF APPLICABLE APPROVED BY GENERAL MEMBERSHIP: YES / NO
CATEGORY: _____
REPORTED TO MEMBERSHIP DATE: _____
PRIOR YEAR'S REQUEST & FUNDING IF APPLICABLE: _____