

Standard Membership Development Grant Application 2023-24 LY

GENERAL INFORMATION						
Date Submitted:						
Grant Administrator Name:			Lion Title:	:		
Grant Administrator Email Address:		·	N	/lember ID#:		
Participating District(s)/Multiple District	ct:	Location (State, Province, Country, etc.):				
Amount of Funds Requested (USD): (Maximum \$1500 per District or \$4500 per Multiple District					500 per Multiple District)	
I am comfortable with communicating	in English with I	CI staff re	garding th	is application	[] YES [] NO	
GRANT HISTORY						
			_			
Has the District(s)/Multiple District rec current Lion year?	eived a Membe	rship Deve	lopment G	irant during the	e []YES []NO	
Date of Grants received this Lion year (Please list all below)	Amount of Grant Received (USD) (Please list all below)			grant successful? u meet your goals?)		
,	,		<u>, </u>	[] YES [] NO		
				[] YES [] NO		
	[] YES [] NO] YES [] NO		
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PROPOSED RECRUITMENT GOAL TO BE	REACHED WITH	THIS GRA	NT			
Recruitment Goal:						
By the end of theLion year, my district (or multiple district) will charter new clubs withnew charter members utilizing these grant funds.						
By the end of theLion year, my district (or multiple district) will recruit new members utilizing these grant funds.						
Trend Reports:						
[] I have reviewed district(s) 5-year Trend Report Report Link: http://www8.lionsclubs.org/reports/						
[] I have reviewed district(s) Monthly Membership Progress Report for Gender Distribution.						
District Report Link: http://www8.lionsclubs.org/reports/MonthlyMembershipProgressDist/ Multiple District Report Link: http://www8.lionsclubs.org/reports/MonthlyMembershipProgressMultiDist/						

TARGET MARKET ANALYSIS
Please fill out the Target Market Analysis, Action Plan, and Budget sections below. The more detail that is provided by your team included allows for the Membership Development Committee to make an informed decision on the total amount your District/Multiple District will be granted.
Describe the previous and current membership situation, noting areas of decline and why growth is difficult to attain.
Identify the target market selected according to your area (i.e. young adults, women, family members, etc.) and why your team has chosen that target market.
Provide, in detail, how the target market will be reached, noting the specific strategy for approaching the market. For example, how leaders in the market will be contacted, techniques to be used for recruiting.

your team will assess the progr			realistic and time bound. Be sure to include how action Plan Template.			
BUDGET						
*	over 25% of the expen	-	posed income and cost estimates, directly not be used to pay LCI membership fees and			
VOLUNTEER TEAM						
Identify a committed team of Lions who are dedicated to fulfilling the goals of this grant application. (Minimum of 6 needed.)						
Name	Title	Member ID#	Email Address			

Please complete the attached Action Plan template to provide a detailed account on how your teams plan on meeting

ACTION PLAN

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To the best of my knowledge, the information submitted is accurate and complete. I, the undersigned, endorse this proposal and will do everything in my power to ensure proper and efficient administration of any funds granted, including accounting and regular reporting to Lions Clubs International. I understand that if the application does not meet the expectations of the Membership Development Committee or staff standards, it will be denied and/or returned for additional clarification. I agree to uphold all requirements and criteria, including the completion of the Membership Development Grant Progress Report Form, in order to receive the reimbursement funds upon completing the outlined activities and the Final Report Form at completion of grant.

DISTRICT GRANT REQUIRED SIGNA	ATURES (The 3 signatures below are required	d for a single dist	trict grant.)
Grant Administrator Name:		Title:		
Grant Administrator Signature:			Date:	
Council Chairperson Name:				
Council Chairperson Signature:			Date:	
District Governor Name:				
District Governor Signature:			Date:	
MULTIPLE DISTRICT GRANT REQUI	IRED SIGNATURES (The 3 signatures below	are required for	a multiple	district grant.)
Grant Administrator Name:		Title:		
Grant Administrator Signature:	'	1	Date:	
Council Chairperson Name:			-1	
Council Chairperson Signature:			Date:	
Multiple District GMT Name:			-1	
Multiple District GMT Signature:			Date:	

Please submit the application to:

Lions Clubs International Membership Development Division 300 W 22nd St Oak Brook, IL 60523-8842 USA

Phone: 630.203.3831
E-mail: membershipgrants@lionsclubs.org