



Today's date: _

Complete this form to request an LCI-supported Specialty Clubs Program (SCP) virtual or in-person workshop. The workshop organizer must submit this request to LCI at <u>specialtyclubs@lionsclubs.org</u> no less than six weeks before the workshop is to <u>be held</u>. Workshop funding is subject to availability, prior approval by LCI and post-workshop review by LCI upon receiving verifiable receipts. Applications accepted by LCI through 31 May 2024. Reimbursements may not exceed estimated costs without prior approval. Itemized receipts, reimbursement expense forms and claims, attendee lists and proof of payments must be received at LCI headquarters prior to 15 June of current fiscal year. *Workshop organizer to complete the following:*

Name	
Title	
District	
Phone	
Email	

How will your workshop achieve the following objectives? (Please be specific and include these objectives in your agenda items. Keep in mind membership goals and your target audience.)

1. Promote SCP benefits; meet membership goals and community needs:

2. Recruit new specialty club members and charter clubs: ______

3. Identify club focus, specialty and target audience:

Specialty Clubs Program

Workshop Request



Dates of workshop:	
Workshop start date:	; Start time:
Workshop end date:	; End time:
Audience	
Describe the target audience:	
Anticipated Number of Participants:	
Primary language of presentation and audience:	
Proposed location of workshop:	
Meeting Venue	
City	Country
Recommended airport (if applicable)	
Hotel (if applicable)	
Is LCI staff support being requested: Yes□ No □	
Expectations for the LCI staff support person(s):	
Is there any other information the LCI staff member	(s) should know before the event?

Specialty Clubs Pro Workshop Request	ogram
Budget/estimated expenses: USD \$	Local currency
 Funding Limits – subject to availability of funds: Multiple Districts – US\$2,500 Districts – US\$1,500 	
Workshop Organizer Signature	 Date
□ This Specialty Clubs Program workshop has the support o	of the Multiple District or District.
Council Chairperson <u>or</u> District Governor Signature	Date
Lion's Title:	Multiple District <u>or</u> District:
Email:	
Use the worksheet below to prepare a budget for an LCI sup	
Expense Descriptions Facility rental, such as conference room, if applicable	Cost in local currency
Audio-visual equipment Office Supplies	
Food & Beverage: 20% maximum of total costs; less than \$2	25 pp
Lodging: for workshop organizer only	
Transportation for organizer only, less than 10% total budg	
Other including mileage for organizer only, list start and end	l points
TOTAL in Local Total in US dollars (appr	· · · · · · · · · · · · · · · · · · ·

Please send completed form to: specialtyclubs@lionsclubs.org www.lionsclubs.org/specialtyclubs