

# LCIF Disaster Grant Report Form



Lions Clubs International  
**FOUNDATION**

This form should be used in reporting on [LCIF Emergency \(EMR\)](#), [Disaster Preparedness \(DPR\)](#) and [Community Recovery \(CMR\)](#) grants. The District Governor in office at the time of the grant approval is the Grant Administrator for the life of the grant. The Grant Administrator is responsible for ensuring that LCIF receives a timely and complete final report. Failure to submit a timely report may impact the district's ability to have future disaster grants considered by LCIF.

The information and guidelines provided in this form are to assist Lions in the preparation of the final report for the various LCIF disaster grants awarded to your district. Your report to LCIF helps provide a means of evaluating the grant and measures benefits achieved. In addition to publicity purposes, LCIF requires a full accounting and complete financial report on the use of donated funds.

The report with all required documentation is to be submitted to the LCIF Humanitarian Initiatives Department. This information below is a guide. Please provide the information requested and the answers in a separate document the follows this same order.



## A. General Project Information

Identify which grant is being reported on: EMR | DPR | CMR

- Provide the LCIF grant tracking number:
- Grant amount (US\$):
- Date grant project began implementation and date efforts were completed:

## B. Impact of Grant and Beneficiaries

- Number of direct beneficiaries from the grant funded project. *Please explain how this total was calculated.*
- Number of indirect beneficiaries from the grant funded project. *Please explain how this total was calculated.*
- Explain if the project provided short- or long-term impact. If the grant project is expected to provide an ongoing impact in the community, please estimate this impact in future years for direct and indirect beneficiaries.
- Explain how this project helped the community to learn more about Lions.
- Include a few testimonials from direct beneficiaries.

## C. Narrative Details

- Describe the local situation or disaster that led to the need for this grant project.
- Provide a detailed description of the grant project activities and the benefit(s) to the community.
- Did the project achieve its goal?
- Detail any challenges Lions faced in implementing the grant project.
- Identify the number of Lions members involved in implementing the grant project.

#### D. Financial Details

Please provide a detailed accounting of the use of LCIF disaster grant funds (and any local funds contributed). Original receipts for all goods and services purchased with LCIF grant funds must be included with the final report and organized per the format below. Please include relevant bank statements from the district's account to verify checks issued to pay project expenses. **Note:** LCIF will require the district to reimburse any ineligible expenses.

#### Sample Format for Expense Reporting

Receipt #	Check #	Date	Vendor	Amount	Description	Comments
1	100	1/2/2017	Vendor X	500.00	Relief Supplies	
2	101	1/2/2017	Vendor Y	1,000.00	Relief Equipment	
3	102	1/3/2017	Vendor F	6,000.00	Relief Equipment	
4	103	1/3/2017	Vendor B	200.00	Other	Grantee explains expense
5	104	1/3/2017	Vendor M	2,300.00	Relief Supplies	
<b>Totals</b>				<b>\$10,000.00</b>		

#### E. LCIF Identification and Project Promotion

Please provide action photos showing the Lions actively involved in the implementation of the disaster project through completion. These photos should highlight the beneficiaries and confirm signage acknowledging the role of the Lions and grant support from LCIF. Include copies of any media publicity received about the project.

#### F. Report Endorsement

All reports must be reviewed and approved by the District Cabinet prior to submission to LCIF. Please include evidence in the form of district cabinet meeting minutes to document that the district cabinet has reviewed the final report and approves the submission to LCIF. The district should maintain a copy of the entire report that is sent to LCIF.

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Grant Administrator signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

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District Governor's signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

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