

The TEAM Sheehan Charitable Foundation (TSCF) MD5M Club Matching Grant Application

“The mission of the TEAM Sheehan Charitable Foundation (501c3) is to empower MD5M Lions clubs to provide greater service by boosting their ability to complete community projects with matching grants.”

1. The Lions project must address an important humanitarian need and provide an opportunity to highlight Lions in the communities they serve.
2. Grant applicants must submit their project proposals using the TSCF MD5M Club Grant application form.
3. The maximum grant amount that may be requested is currently \$3,000.00. All grants are 50/50 matching grants.
4. Grant proposals may be submitted by any Lions club within Multiple District 5M. Applications submitted by a club shall be signed by the current club president. The appropriate meeting minutes at which the application was voted on and approved must be submitted with the application.
5. TSCF grant applications should be submitted to TSCF prior to January 1, April 1, July 1 or October 1 for consideration at the following TSCF board meeting to allow adequate processing time.
6. Lions and/or their families may not receive direct or professional benefit from TSCF projects or have proprietary interest in projects receiving TSCF assistance.
7. Projects receiving TSCF funding shall be clearly identified in marketing as being made possible by Lions and TSCF.
8. Upon project completion, grant recipients are responsible for submission of a report detailing project results, all receipts/expenditures and use of TSCF grant funds.
9. Projects should be completed within one year of approval by TSCF, unless otherwise requested by applicant.

Clubs applying for a grant should provide the following information on their project.

Project Description:

1. Project name: _____
2. Project location: _____
3. Amount of funds requested from TSCF: _____

4. If appropriate, the approximate number of people who will benefit from this project:

5. **ATTACH** description of the particular area/items to be addressed.

6. **ATTACH** project goals, plan of action and including timeline.

Project Budget: Include an itemized budget for the entire project using the information shown below.

Income and Expenses

Requested TSCF Funds: \$ _____

Expenses: Item #1: \$ _____

Other sources of income (if applicable): \$ _____

Other expenses: Item #2: \$ _____

Total Income: \$ _____

Total Expenses: \$ _____

Application Endorsement

Club approval must be included with every grant application. Please submit a copy of the club meeting minutes at which the application was approved. The minutes should make specific reference to the amount of TSCF funds being requested.

Signature Endorsement:

Club President: "I certify that I have reviewed the TSCF Application. To the best of my knowledge, the information submitted is accurate and the need exists as indicated. I endorse this proposal and will do everything within my power as administrator of any funds granted to assure their proper and efficient use, proper accounting and required reporting to TSCF Foundation."

Club President Name _____

Project Chairperson Name _____

Project Chairperson Email _____ Cell _____

District and Club Name _____

Address _____

Telephone _____

Electronic Signature and Date _____ (Type your name)

Contact your District's TEAM Sheehan Charitable Foundation Board Member with questions and to request a Grant Application.

Questions regarding donations, submit to TSCF Treasurer at athmannmarty@hotmail.com