



Kansas Lions Alert Team
Emergency Grant Criteria & Application

The Kansas Lions Foundation in cooperation with our Special Donors are proud to announce the KLAT Emergency Grant as part of the Kansas Lions Foundation's Alert Team Program.

-Emergency Grant Program Objective:

The objective of the KLAT is to provide immediate emergency relief to the victims of a residence displacement. KLAT emergency funds are available for relief aid in the wake of any natural or manmade disaster that is not within the confines of a LCIF Emergency Grant where a person(s) is displaced from their home.

-Application and Criteria Requirements:

Emergency grants in amounts up to US \$500.00 are available to help residents with the distribution of immediate relief aid to victims of serious natural or manmade disasters where a family has been displaced from their home. The KLAT Chairman must approve the grant request for emergency grants. Requesting individuals, or organization, must provide specific details on the damages sustained. Individual Lions Clubs in Kansas may submit requests for emergency grants through the KLAT chairman. Requests received after a 6 day time period after the incident, are not eligible for funding. To help meet the 6 day submission deadline, it is recommended that requests be submitted via e-mail, or phone.

-Emergency Grants Criteria:

1. Grant requests will be considered for situations evidenced by an urgent need not available from other agencies, unless approved by KLAT.
2. An emergency grant recipient shall be obligated, as soon as reasonably possible, to supply all information required under the usual grant application process as a condition of acceptance of an emergency grant.
3. KLAT shall not be a primary relief agency nor shall it seek to duplicate the work of such agencies in their efforts to meet immediate disaster needs, nor attempt to assume

responsibilities of governments, insurance carriers or private efforts, except where flagrant and otherwise irremediable omission occurs.

4. Emergency grants shall not be given or used to provide direct cash assistance to disaster victims. Numerous other agencies exist principally for that purpose and, in most cases an emergency grant is not sufficient to effectively provide for victim's total needs.

-DISASTER DETAILS:

The requesting individual or organization should answer the following questions in detail on the application. It is important that as much information as possible is provided about the damages sustained with the incident. A delay in providing this information will delay processing of the emergency grant request.

1. When and where did the disaster occur? (specify city, county, village, ect.)
2. What is the extent of the damage, deaths, and injuries? How many individuals affected?
3. What current relief efforts are underway by other organizations?
4. What specific need(s) are being requested?

When all information is received by KLAT from the requesting individual or organization, and if it meets the emergency grant criteria, the request will be approved or denied by the KLAT Chairperson as per the guidelines of the grant criteria. KLAT will not reimburse Lions or Lions clubs for money spent on relief efforts executed prior to grant approval.

APPLICATION

CERTIFICATION EVENT MEETS CRITERIA:

This is to certify that I have reviewed the KLAT criteria. I endorse the need for an emergency grant and will do everything in my power to assure proper and efficient administration of the emergency grant funds to purchase and distribute only necessities not available from other agencies, unless approved by KLAT.

REQUESTING INDIVIDUAL OR ORGANIZATION _____

ADDRESS _____

CITY/ZIP _____

TELEPHONE _____ EMAIL _____

REQUESTING REPRESENTATIVE SIGNATURE _____

Please send application to: KLAT Chairperson Contact Info: Lion Joe Wilken, KLF Board member - Cell: 785-477-4849 E-mail: ljwilken@klat.org

After approval you must submit your receipts, a copy of this form and the application form to Lion Dan Funke for reimbursement:

**Kansas Lions
Dan Funke, 9 Argon Dr, Goddard, KS 67052
Email: djfunke@cox.net**

KLAT APPLICATION FORM

NATURE OF EVENT _____

DATE OF EVENT _____ DATE OF REQUEST _____

RED CROSS OR EMERGENCY MANAGEMENT CASE # _____

NAME OF FAMILY OR INDIVIDUAL AFFECTED _____

ANSWER THE FOLLOWING 4 QUESTIONS:

1. When and where did the disaster occur? (specify city, county, village, ect.)

2. What is the extent of the damage, deaths, and injuries? How many individuals affected?

3. What current relief efforts are underway by other organizations?

4. What specific need(s) are being requested?

VENDOR	ITEM	\$ AMOUNT
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_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUESTING REPRESENTATIVE

SIGNATURE _____ **DATE** _____

KLAT CHAIRPERSON

SIGNATURE _____ **DATE** _____