

# The James T. and Betty Coffey Fellowship Fund



## Ohio Lions Clubs & Lions Clubs International Youth Outreach Programs Grant Application

### **PURPOSE:**

The purpose of the James T. and Betty Coffey Fund is to award grants to schools and other youth development organizations, in order to provide as many children as possible programs that promote drug and violence prevention, life skills and learning opportunities, and to ensure that young people are actively engaged in significant service and service learning activities.

### **GRANT CRITERIA:**

Schools or other Youth Support Organizations willing to meet the following criteria will be eligible for a grant award:

1. Demonstrate that the intended use of the grant by the recipient is to conduct a program or project that encourages and includes young people (6-18) in a life skills, citizenship, drug or violence prevention, and/or community service project or program.
2. Demonstrate the approval and support of the proposed use of the grant, by the appropriate school administrator, or executive of the youth organization.
3. Willing to consider partnering with a local Lions Club in a joint service project.
4. Plan a project briefing session with the Lions Club and other community representatives.
5. Submit an article, with photograph(s) about the project/program, to a local news media outlet, and send a copy of the same to the Ohio Lions' State Office at 4074 Hoover Rd., Grove City, Ohio 43123.
6. Provide public recognition to the Ohio Lions and the Local Lions Club for their participation and support.
7. Demonstrate qualification as an exempt and/or IRC §501(c)(3) organization, and provide the Ohio Lions administering agent (The Ohio Lions Foundation) a copy of its most recently filed I.R.S. Form 990, together with a copy of its I.R.S. determination letter.

**MAXIMUM GRANT AMOUNT:**

The maximum amount of each grant awarded shall be \$1,000.

**GRANT DEADLINES:**

The administering agent of the Coffey Fellowship Fund shall review grant applications annually. Timelines for submission are as follows:

Granted Program Timeline: January 1 until June 30 (2<sup>nd</sup> Semester Academic Period)

Deadline for Submission: October 1

Notification Period: By December 31

**RETURNING GRANT APPLICATIONS:**

Grant applications should be mailed to:           The Ohio Lions State Office  
4074 Hoover Road  
Grove City, OH 43123  
Attention: COFFEY GRANT PROGRAM

Email applications may be sent to:               lionoffice@gmail.com

Faxed Applications                                       (614) 539-5055 – (The original grant application  
(For Deadline Purposes Only):                   should still be mailed to the listed address.)

**QUESTIONS:**

Questions regarding the Grant Application process and/or criteria can be answered by contacting the Ohio Lions State Office, Monday, Wednesday and Friday from 9:00 a.m. until 1:00 p.m. at (614) 539-5060. Tuesday and Thursday office hours vary.

**GRANT APPLICATION DETAIL:**

Please complete thoroughly and in as much detail as possible the application on the following page. Attach additional explanatory materials as necessary. Please type or print legibly. Applications with items left blank on the application may be subject to non-consideration.

**The James T. and Betty Coffey Fellowship Fund  
Ohio Lions Clubs – Lions Clubs International  
Youth Outreach Program  
Grant Application**

ADMINISTRATIVE INFORMATION:

Date: \_\_\_\_\_

Name of School or Organization Applying for the Grant: \_\_\_\_\_

Address of School or Organization Applying for the Grant: \_\_\_\_\_

Is the Applicant a Public School? \_\_\_\_\_ If not, what type of Organization? \_\_\_\_\_

If not, provide organization Tax ID# & IRS Tax Exempt determination: \_\_\_\_\_

Name/Title of Coordinating Individual: \_\_\_\_\_

Address of Coordinating Individual: \_\_\_\_\_

Contact Information of Coordinating Individual:

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PROGRAM INFORMATION:

Grant Amount Requested: \$ \_\_\_\_\_ Formal Program Name: \_\_\_\_\_

Date(s) of Program: Estimated \_\_\_\_\_ Number of Youth Involved/Impacted: \_\_\_\_\_

Program Description: \_\_\_\_\_

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Name of Local Lions Club: \_\_\_\_\_ Club Contact: \_\_\_\_\_

Club Address/Contact Information: \_\_\_\_\_

Has The Local Club Been Contacted and are They Aware of The Application? \_\_\_\_\_

Manner in which Local Lions Club Will Assist in Program (if applicable): \_\_\_\_\_

**AUTHORIZATION TO SUBMIT:**

**Printed Name of School Administrator/Youth Organization Director:** \_\_\_\_\_

**Signature/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_