**AUSTRALIAN LIONS FOUNDATION LTD**



**ABN 41 413 803 073**

**Emergency & Disaster Recovery Grants - CHECKLIST**

The following checklist can be used by Clubs to assist them in preparing their application to support individuals or families impacted by a disaster event.

1. **Emergency Grants** cover individuals or families impacted by a single event.eg housefire, specific damage etc. In these situations, a set grant amount of $1,500 per adult and $500 per child is applicable.
2. **Disaster Recovery Grants** cover support for individuals, families or community areas impacted by a larger event such as Bushfires, Floods, Cyclones, Earthquake etc. The purpose is to provide assistance through the provision of essential items to assist in rebuilding or replacing items lost in the above disaster events. Where immediate Government support and assistance is not provided, the Foundation may consider initial help for essential needs.

***For specific details of items to be covered in the above grants, please refer to Grant guidelines.***

Please complete the below checklist and include with your Grant Application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Which Grant is being applied for?: | | | | | |
| 1. Emergency Grant | | | | Tick as applicable | |  | |
| 1. Disaster Recovery Grant | | | |  | |
| Please provide details of the Disaster for which this grant application applies: | | | | | | | | | | |
|  | | | | | | | | | | |
| Please provide details of family impacted: | | | | | |
| Family Name | |  | | | |
| Number of Adults | | # | |
| Number of Children | | # | |
| What is the family’s current situation as a result of the disaster event detailed above: | | | | | | | | | | |
|  | | | | | | | | | | |
| Has the family or individual received any other support or assistance to date? Eg Government / Social Security or designated agency support? | | | | | | | | | | |
| If Yes, please detail support provided to date: | | | | | | | | | | |
| Depending upon the assistance requested, were the proposed recipients covered by insurance?: Indicate as appropriate: YES / NO | | | | | | | | | | |
| Type of Cover (tick) | | House/building | |  | | Contents | |  |
| Detail proposed needs that the grant will cover?: (include details of items and costs) | | | | | | | | | | |
| Items | Est $ cost | | Items | | Est $ cost | | Items | | | Est $ cost |
|  |  | |  | |  | |  | | |  |
|  |  | |  | |  | |  | | |  |
|  |  | |  | |  | |  | | |  |
|  |  | |  | |  | | **TOTAL REQUIRED** | | | $ |

***You may include any other additional information as appropriate to support this application***

**April 2022 F**