**LIONS VISION RESOURCE NETWORK (LVRN)**

**APPLICATION FOR QUALITY-OF-LIFE GRANT**

**2021**

The Purpose of LVRN is to provide financial aid to blind and visually impaired individuals to improve their quality of life. Applicants must live in Alameda or Contra Costa County, or provide services for individuals who are blind or visually impaired and living in Alameda or Contra Costa County. There is no age limit or income requirement. Certification of blind, low vision, or visual impairment status by a professional third party is required.

The limit for any single grant is **$5,000.** Grants can be to individuals or to organizations that serve blind and visually impaired individuals. Only one award per year per person/organization will be given. Those who have received prior funding will receive lower priority than first-time applicants.

**The application deadline is April 15, 2021**. Awards will be announced in May, 2021. Grantees will be invited to attend the Lions District 4-C3 Convention in May, 2022, to be recognized and honored. At the end of the grant period, **Grantees must give a final accounting of how funds were used and be willing to have their testimonials used for publicity purposes by LVRN.**

Below are categories for possible funding. The list is meant to be suggestive and not limiting. We will consider any request, but those that fill gaps in funding provided by the state or other means, or those that are not available through other means, will receive priority.

* Equipment that aids in accessibility or travel or safety at home
* Employment training
* Travel Training
* Research on blindness, low vision, or vision impairment

**Grant proceeds will not be given directly to the grantee; instead, LVRN will purchase the product or service. However, the grantee will register the product so that any warranties will be in their name. Any warranty issues will be handled between the grantee and the vendor. LVRN will not participate in that process.**

**Please scan and email your application to Dr. Maureen Powers, LVRN Board Chair at mopowers@lionsvisionresource.org, or send via US Mail to LVRN, P.O.Box 27404, Oakland, CA 94602.**

1. **YOUR INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

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

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

1. **REFERENCES: Please list people who know you, as we may call them about you.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SIGNATURE: I hereby certify that the information provided in this application is accurate to the best of my knowledge.**

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

**4. SUMMARY OF YOUR REQUEST**

**List each product or service requested and the complete cost of each item. YOU MAY PROVIDE A SEPARATE DOCUMENT OR TYPE BELOW. Be as specific as possible and include any sales tax or delivery charges, if applicable. Include the cost of any maintenance or service agreements or Apple Care plus applicable sales tax on those items. Please also include as a line item the number of hours, the cost and the vendor of any training you may need for the applicable product or service. For computers, please provide as many specifications as possible or a detailed quote from Dell or other provider. For Phones, IPads and Apple Watches please also fill in Section 4a. For all items cite the source of where the product or service can be acquired and PROVIDE A LINK to a description of each item or service, if possible. This will ensure that the right product or service is obtained.**

**4a. *FILL IN ONLY IF YOU ARE REQUESTING A PHONE, IPAD OR APPLE WATCH.***

**If you are not requesting any of these items, leave blank and go to Section 5.**

**Please provide the following information:**

**PHONE**

 **Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GB Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If requesting more than 256GB storage, please state why you need more than this amount.**

**IPAD**

 **Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GB Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If requesting more than 256GB storage, please state why you need more than this amount.**

**APPLE WATCH**

[ ]  **Wifi Only or** [ ]  **Wifi + Cellular**

[ ]  **Size 40mm or** [ ]  **Size 44mm**

**5. YOUR NEED FOR THE PRODUCT OR SERVICE**

 **a) Please explain why this item or service is important to you.**

 **b) Can you get it somewhere else besides through our grant? Why or why not?**

 **c) Please list other sources to whom you have applied for this product or service.**

 **d) If you are requesting equipment or software, please detail any experience you have had with the particular item you are requesting. Will you need extra training to use it effectively?**

 **e) Please describe your computer and/or technology skills, as applicable to the product or service you are requesting.**

**6. CERTIFICATION OF VISION STATUS**

Give this form to a professional (doctor or counselor, for example) who knows you and have them write a brief statement about your vision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name

The person above is applying for a grant from the Lions Vision Resource Network ([www.lionsvisionresource.org](http://www.lionsvisionresource.org)) . To qualify, they must provide evidence of low vision or other visual impairment. Please answer the question below, then sign and date the form and return to the applicant. You can also scan and email it to Dr. Maureen Powers, Board President, LVRN at mopowers@lionsvisionresource.org , or send via U.S. Mail to LVRN, P.O. Box 27404, Oakland, CA 94602.

**What is the nature of the Applicant’s visual impairment? Please provide a brief description, including age at onset and severity of the impairment.**

**How long have you known the Applicant, and in what capacity?**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the Applicant is visually impaired, and that all statements by me on this page are true and correct to the best of my knowledge.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**