

**The International Association of Lions Clubs**

**District 14-B - Policy No. 109**

**District Charity Accounts**

PURPOSE: To establish procedures governing the accrual, control and distribution of District Charity Accounts Funds.

GENERAL: The standing District Charity Accounts shall be dispersed annually by the following guidelines:

1. All monies contributed by the Clubs and sent to the District shall be forwarded to the charity as specified by the individual Lions Club.
2. The transfer of any District Charity money must be approved by the voting members of the Cabinet at the regular Cabinet meeting or in accordance with Policy 102 (Policy on Emergency Decisions).
3. Funds raised in any Region or Zone project will be given to the Cabinet Treasurer. The money will be deposited in a special fund and accrue during the term of the project. When the project is completed, the funds will be distributed by the Chairperson of the Region or Zone which conducted the project.

**DISTRICT CHARITY ACCOUNTS**

**1. Beacon Lodge Camp Fund**

- a. The monies contributed to the District shall be used for the District Governors annual Beacon Lodge project.
- b. All monies over and above the project goal may be used for camperships or another camp project which the District Governor and his Cabinet may designate.
- c. The District has two (2) permanent camperships which may be used by the District Governor for needy individuals

## **2. Blind Bowlers Tournament**

- a. Money contributed to this account shall be used by the District to offset the expenses incurred by the Keystone Blind Bowlers Tournament.
- b. The account balance should not be in excess of \$1,000.00 annually. This amount should be used for the startup money for the following year.

## **3. Blind Contingency Fund**

- a. All monies received by the District Governor through the sale of gold from eyeglasses will be placed in the Blind Contingency Fund.
- b. Other monies contributed to the District Governor that are not restricted funds shall be placed in the Blind Contingency Fund and may be contributed to other blind charities.
- c. Money contributed to this account will be used to buy eyeglasses in areas where there are no Lions Clubs.
- d. Money may also be used for other blind projects as the District Governor and his Cabinet may deem necessary throughout the year.
- e. The District phone service and the advertising for District 14-E Eye Bank Golf Outing shall be paid out of these funds.
- f. The procedure for purchasing eyeglasses:
  1. Ask adjacent Lions Club to act on the request.
  2. Ask adjacent Lions Club to investigate claim for the District and report the results to the District Governor.
  3. The District Governor will make the final decision on purchase of eyeglasses and refer the request to the eye care specialist.
    - a. the agreement with the provider should have the cost of the eye glass being provided to the approved individual. (e.g. single lens, bifocal, etc.)

b. the District Governor will charge a minimum co-payment of \$15.00 or give the approved individual a free pair of glasses if warranted by the application information.

c. If this fund balance is depleted, the District Governor may solicit all the Lions and Lioness clubs in 14-B for donations to ensure that the program can supply glasses to the needy.

4. The District Governor will make the final decision on purchase of eyeglasses and refer the request to the eye care specialist.

g. This account may carry into the following Lion year.

#### **4. Diabetes Awareness Fund**

a. All money contributed to this account shall be used for Diabetes Awareness Programs [such as American Diabetes Association, Joslin Center, Lions Diabetes Center, etc.].

b. This account must be depleted annually, and the monies shall be distributed by the District Governor and his Cabinet at the last Cabinet meeting of the Lion year.

#### **5. Drug and Alcohol Awareness Fund**

a. All money contributed to this account shall be used for Drug and Alcohol Awareness Programs in District 14-B [such as St. Francis Chemical Dependency Program or other such programs].

b. This account must be depleted annually, and the monies shall be distributed by the District Governor and his Cabinet at the last Cabinet meeting of the Lion year.

#### **6. Pittsburgh Vision Services**

a. All money contributed to this account shall be used for the Guild project(s) approved by the District.

b. This account must be depleted annually, and the money donated to the Guild at the last Cabinet meeting.

## **7. Leader Dog Transportation Fund**

- a. The money contributed to this account specified for Leader Dog Transportation must be used for this purpose only.
- b. The District Governor may use these funds to defray the cost of sending a person to Leader Dog if a club is unable to help or if there is no club in the area.
- c. All money not designated for the transportation fund must be dispersed to Leader Dog at the last Cabinet meeting of the Lion year.

Policy No. 109

Presented for adoption  
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Adopted June 3, 1990  
Revised February 1992  
Revised November 11, 1996

REQUEST FOR EYEGLASS ASSISTANCE FROM LIONS DISTRICT 14-B (ALLEGHENY COUNTY)

REASON FOR REQUEST \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Length of time at address \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Names and Ages of Dependents \_\_\_\_\_

Agency or person Referring you to our District \_\_\_\_\_

Name, address, telephone No. of personal reference (case worker, clergyman, other) \_\_\_\_\_

MONTHLY INCOME: Employment \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Help from family members \$ \_\_\_\_\_ All other sources \$ \_\_\_\_\_

MONTHLY EXPENSES: Mortgage \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Clothes \$ \_\_\_\_\_ Car Payment \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_ Public Transportation \$ \_\_\_\_\_ Other Expenses \$ \_\_\_\_\_

Are you legally blind? \_\_\_\_\_ Status of vision \_\_\_\_\_

How Long have you had your current pair of eyeglasses? \_\_\_\_\_

Have you ever received assistance from a Lions Club? \_\_\_\_\_

Date, Name, Address, and Phone # of place of eye examination or scheduled examination \_\_\_\_\_

Return this application to:

DG Name  
DG Address  
DG City, PA, ZIP  
DG Phone #

Policy 109

Mr. John Doe  
123 Main Street, Apt. 100  
Pittsburgh, PA 15221

Dear Mr. Doe

Your application for assistance has been received and approved by the Lions Clubs of Allegheny County.

Please contact (Eye Care Provider). They will arrange for you to obtain your eyeglasses.

This letter must be presented to the Eye Care Provider when you go for your eyeglasses.

Sincerely,

District Governor

CONTACT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

DISTRICT GOVERNOR

APPROVAL \_\_\_\_\_

EYE CARE PROVIDER

APPROVAL \_\_\_\_\_

EYE CARE PROVIDER, PLEASE SEND BILL AND SIGNED COPY OF THIS LETTER TO CONTACT ABOVE.