NORTH CAROLINA LIONS, INC.

MATCHING FUNDS POLICY

- 1. The purpose of the Matching Funds Program is to assist Lions Clubs in meeting the needs of blind or visually impaired individuals (not organizations) who have a financial need and all other means of assistance have been exhausted. This may include purchase of glasses and other sight related services even though the individual does not meet the State of North Carolina's definition of legal visual impairment. Matching Funds are available for North Carolina residents only. An individual is considered a resident if he/she is in North Carolina voluntarily for at least three months with the intent to remain.. The purpose of Matching Funds is not to pay for ongoing or recurring expenses such as contact lens or medications, etc. One-time emergency assistance is covered. Sight related requests are matched dollar for dollar.
- 2. Matching Funds are not available for Hearing Aids or Hearing Exams. Please refer to the Hearing Program Policy.
- 3. Matching Funds requests must be submitted within sixty days of invoice date. Exceptions may be approved by the Executive Committee. Clubs may request reimbursement for expenditures that total \$50 or more per individual (\$25 club/\$25 NC Lions, Inc.) to qualify for matching funds.
- 4. A request for any amount of \$500 (\$250 club/\$250 NC Lions, Inc.) or more requires the approval of the Executive Committee of the NC Lions, Inc.
- 5. The following items must be received before a matching funds request may be processed:
 - a) Matching Fund Request Form, including financial information for requests of \$500 (\$250 club/\$250 NC Lions, Inc.) or more, signed by a Club Representative.
 - b) Club check for their portion made payable to NC Lions, Inc.
 - c) Invoice from the provider.
 - d) Any request for equipment costing \$500 or more must be accompanied by a statement that the person has been evaluated by a professional not associated with the supplier, verifying that the equipment is the type needed by the recipient.
 - e) Request for eye exams and glasses requiring matching funds in excess of \$100.00 will require approval by the Executive Committee.
- 6. Incomplete forms cannot be processed and will be returned.
- 7. If assistance is needed immediately, or when unusual circumstances make it impossible to follow normal procedures, please call 1-800-662-7401 for assistance.
- 8. A separate form must be submitted for each service provider.

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- 9. Maximum limits per service on matching funds are:
 a) Medically related services and products
 b) Other goods and services
 c) Eye Exams and Glasses
 d) Prosthetic eye
 \$2,500 (\$1250 Club/\$1250 NC Lions, Inc.)
 \$1,500 (\$750 Club/\$750 NC Lions, Inc.)
 \$1,200 (\$100 Club/\$100 NC Lions, Inc.)
 \$1,200 (\$600 Club/\$600 NC Lions, Inc.)
- 10. An individual, if approved, shall receive no more than a maximum of \$2,500 (\$1250 Club/\$1250 NC Lions, Inc.) during the Lions fiscal year.

ADOPTED 11-9-97 Amended 5-04 Amended 2-12-06 Amended 2-12-12 Amended 5-6-12