



Lions Clubs International  
**FOUNDATION**

LIONS CLUBS INTERNATIONAL FOUNDATION  
**SIGHTFIRST GRANT  
APPLICATION**



The mission of the SightFirst grant program of Lions Clubs International Foundation (LCIF) is to develop or improve comprehensive eye care systems to fight blindness and vision loss, and to assist people who are blind and visually impaired in underserved communities. SightFirst supports high-quality, cost-effective, equitable, and sustainable eye care projects that focus on the following:

- Upgrading the infrastructure of existing eye care facilities
- Training eye care professionals and management personnel
- Increasing access to eye care services and eye health education

Projects must align with SightFirst funding priorities. All SightFirst projects seek to establish or further develop comprehensive eye care systems that offer eye health promotion, prevention, diagnosis, and treatment or referral services for all eye diseases, as well as rehabilitation for those with irreversible blindness and low vision. Comprehensive eye care systems require the development and maintenance of adequate infrastructure, proper training and distribution of human resources at all levels, along with monitoring and evaluation of performance.



SightFirst does not provide funding for expenses related to daily operation of facilities, rent, salaries, the construction of new facilities, scientific research and individual assistance. SightFirst grants are not intended to reimburse past expenses, repay loans or to establish reserve funds. Projects will not be considered in which a transaction or arrangement might benefit, either directly or indirectly, the private financial or personal interests of Lions and/or their families.

## WHAT TO EXPECT

Applications are accepted year-round, but must be received at least 90 days before a scheduled LCIF SightFirst Advisory Committee (SAC) meeting to be eligible for consideration at the meeting. The SAC is comprised of Lions leadership and global blindness prevention experts who review completed applications and approve funding for projects that best align with SightFirst funding priorities.

**Regardless of submission date, presentation of the application to the SAC will be determined once the application is deemed complete and in alignment with SightFirst guidelines.** Applications that are incomplete or require additional time for clarification of details may be held over for review at a later SAC meeting. Meetings occur annually in August and January. Refer to the LCIF website [www.lionsclubs.org/sightfirst](http://www.lionsclubs.org/sightfirst) or contact the LCIF Global Health Initiatives (GHI) Department at [sightfirst@lionsclubs.org](mailto:sightfirst@lionsclubs.org) for specific application deadlines.

Regional SightFirst Technical Advisors (TAs) should be consulted throughout the entire application process. TAs assist Lions with the technical and logistical aspects of project development and with monitoring and evaluation of approved projects.

Contact a TA as soon as possible in order to ensure your project concept aligns with SightFirst funding priorities.

Contact information for TAs can be found on the [LCIF website](#).

## Phase One – Project Planning

- Establish a project committee to assist and support programmatic, financial and administrative responsibilities for the duration of the project. The committee should be led by local Lions and may include other volunteers with expertise in eye care, project management, financial management, publicity, or advocacy.
- Lions districts (single, sub or multiple) must work with their TA to assess local eye care needs and develop project proposals.

## Phase Two – Application Development

- Complete the SightFirst grant application.
- Obtain endorsements from the TA, the district/multiple district’s SightFirst chairperson, and the district governor (or council chairperson in the case of multiple district applications).
- Submit the completed application electronically to [sightfirst@lionsclubs.org](mailto:sightfirst@lionsclubs.org) with a copy to the TA.
- Receive an application acknowledgement letter and grant tracking number from LCIF staff.
- Receive a review letter with additional questions and revise the application (repeat as necessary).

## Phase Three – Completed Application Reviewed

- Once the application is deemed complete and in alignment with SightFirst guidelines, the application is presented to the SAC.
- Applications are approved (either in whole or in part), denied, or postponed for future review (usually with the condition that additional information be provided or that changes be made to the application).

Not all applications can be supported by the SightFirst program. Funds may be available through other LCIF grant programs. More information can be found on the [LCIF website](#).

Questions regarding the SightFirst grant criteria and the application process may be directed to the LCIF Global Health Initiatives Department at [sightfirst@lionsclubs.org](mailto:sightfirst@lionsclubs.org).



# GUIDELINES

SightFirst projects must include one or more of the following intervention areas. The table below outlines eligible and ineligible expenses for each intervention area. LCIF staff and TAs partner with applicants to help develop suitable proposals. Projects that do not comply with the guidelines below should be discussed with the TA and LCIF staff prior to completing the application to ensure the project is eligible. If a project proposal is deemed ineligible, it will not be presented to the SAC.

| INTERVENTION AREA  | PROJECT DESCRIPTION  |
|--|--|
| <p><b>Infrastructure Development</b></p>                         | <p><b>Project Activities:</b> Facility and infrastructure upgrades or expansion of existing eye care facilities, the establishment of optical workshops, and equipment acquisition to expand delivery of comprehensive eye care services.</p> <p><b>Eligible Expenses:</b> Renovation and expansion expenses, standard diagnostic and surgical equipment, consumables, advanced equipment, and outreach vehicles when an outreach program is to be established or expanded.</p> <p><b>Ineligible Expenses:</b> Construction of new eye care centers, rent, operational expenses, software development, or reimbursement of past expenses and debt.</p>   |
| <p><b>Human Resource Training and Capacity Building</b></p>      | <p><b>Project Activities:</b> Training of new eye care personnel (ophthalmic nurses, ophthalmologists, optometrists) where there is a demonstrated lack of eye health personnel, skills upgrade and continuing medical education for existing eye health personnel, sub-specialty training for ophthalmologists, project management training for eye care professionals and Lions, human resource training and materials to improve access to education and rehabilitation for people who are blind or visually impaired.</p> <p><b>Eligible Expenses:</b> Course tuition, stipends and transportation for training programs that are part of a comprehensive eye care project.</p> <p><b>Ineligible Expenses:</b> Individual assistance or personnel salaries.</p>  |
| <p><b>Eye Care Service Delivery and Eye Health Education</b></p> | <p><b>Project Activities:</b> The expansion of diagnostic, treatment, and surgical services at existing eye care facilities in underserved communities as demonstrated by an increase in outpatient department consultations, surgical performance and quality, and patient treatment services. Service delivery is typically a byproduct of infrastructure development, human resource training and other capacity building activities, except in instances where projects intend to establish new outreach programs with follow-up care.</p> <p>Eye health education includes the promotion and awareness of prevention and treatment methods of the primary causes of blindness and low vision, which often accompanies service delivery and outreach activities.</p> <p><b>Eligible Expenses:</b> Publicity and awareness expenses, consumables (as long as it is not the only project expense), logistical expenses for outreach, and medical personnel per diem for outreach events.</p> <p><b>Ineligible Expenses:</b> Per-patient costs/subsidies/reimbursements, expenses for non-eye care specific screening events, and microfinance initiatives for individuals living with blindness or low vision.</p> |

# GRANT APPLICATION INSTRUCTIONS AND QUESTIONS

It is required that the SightFirst grant application be written by Lions, in consultation with their TA and other project partners, as applicable.

Respond to each question with as much detail as possible. Complete all additional forms/templates and submit with the application.

Cite all data sources. If data is not available, provide an explanation of how estimates were calculated.

## Part 1: Project Overview

### BASIC INFORMATION

- 1.1 Date of submission:
- 1.2 Project name:
- 1.3 Project location (city, state/province, country):
- 1.4 Grant amount requested in US dollars:
- 1.5 Multiple District/District (number and country) submitting application:
- 1.6 Lead Lion contact name, title, and email address:
- 1.7 Website(s) of participating or partner organization(s), if applicable:

### PROJECT OBJECTIVES AND OUTPUTS

- 1.8 What will the project accomplish/change? State the project objective(s):
- 1.9 Project duration:
- 1.10 Identify which intervention area(s) will be addressed and list specific quantitative project outputs:
  - Infrastructure development
    - Outputs:
  - Human resource training
    - Outputs:
  - Service delivery
    - Outputs:
  - Eye health education
    - Outputs:

## Part 2: Lions Involvement and Recognition

- 2.1 Local Lions should be personally and actively involved in the project. Indicate how many Lions clubs will be involved in the project and describe their roles and responsibilities (i.e. project management, fundraising, promotion/publicity, advocacy, volunteer responsibilities, etc.).
- 2.2 Describe plans for identifying the project as having been made possible by LCIF. For physical projects, a plaque or signage should be prominently displayed. Any publicity materials and media regarding the project should acknowledge the support and involvement of both LCIF and the Lions.

## Part 3: Project Summary and Project Environment

### PROJECT SUMMARY

- 3.1** Provide a summary of the project, including a brief description of the problem/needs and the proposed solution(s). The summary should be no longer than one page.

### PROJECT ENVIRONMENT

- 3.2** What is the population of the project area according to the most recent census?
- 3.3** What is the prevalence of eye disease(s) and/or vision loss addressed by the project? If possible, separate the statistics by gender and age group.
- 3.4** Describe the current availability of public and private eye care services. Identify the eye care hospitals or clinics, ophthalmologists, optometrists and/or mid-level eye care professionals practicing in the project area and the services they provide by completing a table similar to the following:

| Hospital Name | Location | Level (Primary, Secondary, or Tertiary) | Public or Private | Number of Ophthalmologists | Number of Optometrists | Number of Ophthalmic Nurses |
|---------------|----------|---|-------------------|----------------------------|------------------------|-----------------------------|
|               |          |   |                   |                            |                        |                             |

- 3.5** How do patients in the project area pay for eye care services? Explain all applicable reimbursement methods (national programs, out-of-pocket, insurance, social security, welfare/charity programs, etc.).
- 3.6** Identify and explain the predominant barriers to accessing eye care in the project area (e.g. poverty, language, geography, social discrimination, disability, awareness, etc.).
- 3.7** If a national blindness prevention plan exists in the project area, how does this project align with that plan? Provide a copy of the plan with the application, if applicable.
- 3.8** What are Lions organizations and other non-governmental organizations currently doing to address the eye disease and/or vision loss addressed by this project?
- 3.9** Does the applicant district/multiple district have a history of implementing vision-related projects? If so, explain these projects and their outcomes and impact.

For more information regarding the prevalence of eye diseases and vision loss in your project area, consult the following resources:

- [The Rapid Assessment of Avoidable Blindness Repository](#)
- [The International Agency for the Prevention of Blindness \(IAPB\) Vision Atlas](#)
- [The World Health Organization \(WHO\) Blindness and Vision Impairment Publications](#)

## Part 4: Project Activities

The following questions ask applicants to provide more detail on specific project activities. Applicants are required to answer the questions from each intervention area targeted by their project.

### INFRASTRUCTURE DEVELOPMENT

If the project aims to improve service through the provision of advanced equipment (otherwise known as EQ+), additional criteria apply. Information on the [SightFirst EQ+ Policy](#) can be found on the LCIF website.

- 4.1 Describe proposed facility upgrades including remodeling and expansions, and explain how these changes will result in increased output capacity and/or improved quality of care. Explain the rationale for the proposed infrastructure upgrades/expansion.
- 4.2 List all diagnostic and treatment equipment available to support the project and include the age of each unit and a description of its current condition.
- 4.3 Provide a list of equipment proposed to be purchased by this project with a narrative justification for each item. How will each item enable the facility to meet their proposed project goals and objectives? Refer to the IAPB Standard List (available at <https://iapb.standardlist.org>) for high-quality, low-cost equipment guidelines that align with SightFirst funding parameters. Create a table similar to the following:

| Equipment Item | Number of Units | Total Cost (USD) | Supplemental or Replacement | Reason/Justification |
|----------------|-----------------|------------------|-----------------------------|----------------------|
|                |                 |                  |                             |                      |

### HUMAN RESOURCE TRAINING

- 4.4 Provide a table with detail on each proposed training program and/or activity of the project.

| Type of Personnel to be Trained | Number of Individuals to be Trained | Purpose of the Training | Duration of Training | Refresher or Initial Training? | Training Institution Name and Location |
|---------------------------------|-------------------------------------|-------------------------|----------------------|--------------------------------|--|
|                                 |                                     |                         |                      |                                |  |

- 4.5 Explain how the training participants will be identified.
- 4.6 Explain where the trainees will work after completing the training program and how they will be retained post-training to care for the underserved.
- 4.7 How will the success or outcomes of the training be measured?

### EYE HEALTH EDUCATION

- 4.8 Which eye disease(s)/condition(s) will be addressed?
- 4.9 What are the main messages to be communicated and who is the target audience?
- 4.10 Who will develop the messages/resources? What are their qualifications?
- 4.11 Describe plans for activities/events, media use/engagement, etc.
- 4.12 How will the outcomes of the education initiative be measured?

**SERVICE DELIVERY**

**4.13** Provide the annual number of services delivered at the facility for the last three years and provide the projected number of services delivered relative to the proposed timeline of the project. Clearly indicate which eye care services will be added or increased with the provision of this grant.

| Service (Base and Outreach)                     | Previous Year 1 | Previous Year 2 | Current Year | Project Year 1 | Project Year 2 | Project Year 3 |
|---|-----------------|-----------------|--------------|----------------|----------------|----------------|
| Outpatient consultations (base clinic)          |                 |                 |              |                |                |                |
| Consultations (outreach)                        |                 |                 |              |                |                |                |
| Cataracts diagnosed (base clinic)               |                 |                 |              |                |                |                |
| Cataracts diagnosed (outreach)                  |                 |                 |              |                |                |                |
| Cataract surgeries                              |                 |                 |              |                |                |                |
| Refractive errors diagnosed                     |                 |                 |              |                |                |                |
| Spectacles provided                             |                 |                 |              |                |                |                |
| Glaucoma cases diagnosed                        |                 |                 |              |                |                |                |
| Glaucoma cases treated via medication           |                 |                 |              |                |                |                |
| Glaucoma cases treated via stent/shunts/surgery |                 |                 |              |                |                |                |
| Diabetic retinopathy cases diagnosed            |                 |                 |              |                |                |                |
| Diabetic retinopathy cases treated              |                 |                 |              |                |                |                |
| Other eye conditions diagnosed                  |                 |                 |              |                |                |                |

**4.14** Describe patient follow-up protocol and frequency. For patients whose care goes beyond the scope of the project, specify the arrangements with referral facilities.

**4.15** Does the facility have an electronic medical record system? If not, how does the facility plan to monitor the proposed service delivery outputs for reporting?

**4.16** SightFirst funds projects that establish or further develop comprehensive eye care systems that offer eye health promotion, prevention, diagnosis, and treatment or referral services for all eye diseases, as well as rehabilitation for those with irreversible blindness and low vision. If the proposed project addresses cataract, diabetic retinopathy, or uncorrected refractive errors, the applicant is required to answer the following supplemental questions regarding each disease targeted by their project.

| DISEASE AREA                               | REQUIRED SUPPLEMENTAL QUESTIONS  |
|--|--|
| <p><b>Cataract</b></p>                     | <ul style="list-style-type: none"> <li>• What is the current ratio of paying to non-paying cataract surgical cases? Is it anticipated that this ratio will change by the end of the project? If so, how?</li> <li>• What is the current cost to the patient for cataract surgery and post-operative care at the project facility? Is it anticipated that the cost will change by the end of the project? If so, by how much?</li> <li>• What was the average presenting visual acuity outcome for cataract surgical patients three to six weeks after surgery last year?</li> <li>• What percentage of cataract surgical patients presented with post-operative complications last year?</li> <li>• Will new corrective and reading glasses be distributed to the patients? If so, who will provide the eyeglasses and what will be the cost of the eyeglasses for the patient?</li> <li>• Will patients return to the base hospital for follow-up exams or will they be conducted at an outreach site?</li> </ul>   |
| <p><b>Diabetic Retinopathy</b></p>         | <ul style="list-style-type: none"> <li>• What is the prevalence of diabetes in the project area? Refer to the International Diabetes Federation Atlas (<a href="http://www.diabetesatlas.org">http://www.diabetesatlas.org</a>) for information on the global burden of diabetes.</li> <li>• What diabetes testing and treatment services are available in the project area?</li> <li>• Is there a national/regional register of people with diabetes? If so, how will this information be used in this project?</li> <li>• How will the diabetes care of diabetic retinopathy patients identified through this project be managed?</li> <li>• If diabetic patients are currently examined by the applicant facility, how many patients are examined and treated annually?</li> <li>• Describe the multi-year follow-up process for regular screening beginning six months after the treatment. Estimate the percentage of patients to receive follow-up care.</li> <li>• What is the current cost to the patient for diabetic retinopathy treatment, e.g. photocoagulation, injections, vitrectomy? Is it anticipated that the cost will change by the end of the project? If so, by how much?</li> </ul> |
| <p><b>Uncorrected Refractive Error</b></p> | <p><b>Screening, Detection and Referral Projects</b></p> <ul style="list-style-type: none"> <li>• Is there a school-based vision screening program? By whom is it organized? Does it provide eyeglasses?</li> <li>• What is the age range and gender of the children to be screened in this program?</li> <li>• How was the decision made to screen this particular age group?</li> <li>• How does the program avoid duplicate screenings that other organizations may be performing?</li> <li>• Provide copies of all screening tools and education materials that will be used in the program, including patient information forms.</li> </ul> <p><b>Optical Workshop Projects</b></p> <ul style="list-style-type: none"> <li>• Identify the source(s) of raw materials (frames, lenses, cases) and specify the quality and initial quantity that will be purchased.</li> <li>• What range of prescriptions will the optical workshop be able to produce?</li> <li>• How will the workshop handle patient prescriptions it cannot produce?</li> <li>• What is the average per unit cost of a pair of eyeglasses?</li> </ul>  |

## Part 5: Budget, Sustainability and Timeline

### BUDGET

- 5.1** Provide an itemized project budget in US dollars. Visit the [LCIF website](#) for templates.
- Refer to the [SightFirst EQ+ Policy](#) for more information on whether matching funds will be required for any equipment.
  - Include the amount that each source (Lions, LCIF, partners, etc.) intends to contribute.
  - Include appropriate documentation for the expense items listed in the budget. For each expense, include pro-forma invoices, price quotations, cost estimates for renovation works, including construction blueprints, and/or other budget documentation.
  - Provide a narrative for each of the items listed under project expenses and justify why each item is needed and the associated cost.

### SUSTAINABILITY

- 5.2** Provide a five-year income and expense projection of the project site to demonstrate financial sustainability. Visit the [LCIF website](#) for templates.

### TIMELINE

- 5.3** Provide a chart to illustrate the anticipated duration of each project task/activity. Visit the [LCIF website](#) for templates.

## Part 6: Monitoring and Evaluation Plan

Approved SightFirst projects are subject to monitoring and evaluation by LCIF. All approved SightFirst projects are required to submit reports to LCIF staff at least every six months, and a final report is due upon project completion. To facilitate the project reporting and monitoring process, clear project outputs and outcomes must be developed by the project committee.

- 6.1** Provide detail regarding the project targets, data collection method and frequency of monitoring by completing a table similar to the following:

| Outputs  | Verification Method                                     | Frequency  |
|--|---|--|
| <i>Identify the direct results and/or direct beneficiaries for all project activities. These should be specific numeric targets.</i> | <i>Describe how measurement data will be collected.</i> | <i>Indicate the specific timeline for collecting data.</i> |
| Example: 9,000 individuals screened for cataract   | Example: Hospital reports                               | Example: Monthly   |
|  |   |  |

- 6.2** For service delivery projects, how will quality outcomes be measured and reported?

## Part 7: Project Leadership and Management

The project chairperson and grant administrator are positions nominated by the district/multiple district in consultation with the project committee and later confirmed by the SAC. They serve as co-chairpersons of the project committee. They retain these positions for the duration of the project, even if activity extends beyond the term of the Lions leadership responsible for the original project endorsement. Once approved by the SAC, these positions cannot be reassigned without approval from LCIF.

The project chairperson is responsible for day-to-day project management and collaboration with project partners. The grant administrator is responsible for requesting, receiving, disbursing and accounting for grant funds. Both volunteers work as a team to visit the project regularly, monitor its progress in collaboration with the TA and prepare reports for LCIF. LCIF retains the right to replace either the grant administrator or project chairperson if such action is in the best interest of the project.

The following candidates are nominated for the positions of project chairperson and grant administrator.

### Project Chairperson

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

Title: \_\_\_\_\_

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

### Grant Administrator

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

Title: \_\_\_\_\_

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

## Part 8: Additional Materials

Include the following materials, if applicable:

- Memorandum of Understanding (MOU) or letters of support from project partners, local and/or national government, professional medical societies, etc.
- Blueprints of proposed expansion/renovation activities and existing facility
- Photographs of the inside and outside of the project facility
- Audited financials or annual reports from the project facility
- Maps of the facility coverage area and/or project area

### Available Resources

As a reminder, the following resources are available on the LCIF website:

- [SightFirst Technical Advisor List](#)
- [SightFirst EQ+ Policy](#)
- [SightFirst Budget, Sustainability and Timeline Templates](#)

### Application Submission

Completed applications with supporting documentation must be submitted directly to the LCIF Global Health Initiatives Department. Electronic submission to [sightfirst@lionsclubs.org](mailto:sightfirst@lionsclubs.org) is preferred.

## Part 9: Application Endorsement

1. Cabinet or council certification must be included with every grant application. Please submit a copy of the cabinet (single or sub-district) or council (multiple district) meeting minutes at which the application was certified.
2. Completed applications must be signed and certified by the district/multiple district's SightFirst or Sight Preservation, Awareness and Action chairperson. In instances where these positions do not exist, please contact LCIF for recommendations.
3. The grant application must be signed by the regional SightFirst Technical Advisor.
4. For single and sub-districts, the district governor must sign the application.
5. For multiple districts, the council chairperson must sign the application.

### SightFirst Chairperson Endorsement

This certifies that I have reviewed the LCIF SightFirst grant criteria and grant application. To the best of my knowledge, the information submitted is accurate and the need exists as indicated. I endorse this proposal and will do everything within my power to assure the proper and efficient use of grant funds, proper accounting and regular reporting to Lions Clubs International Foundation.

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|                             |           |      |
|-----------------------------|-----------|------|
| SightFirst Chairperson Name | Signature | Date |
|-----------------------------|-----------|------|

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|                                   |           |       |
|-----------------------------------|-----------|-------|
| District/Multiple District Number | Telephone | Email |
|-----------------------------------|-----------|-------|

### Regional SightFirst Technical Advisor Endorsement

This certifies that I have reviewed the LCIF SightFirst grant criteria and grant application. To the best of my knowledge the information submitted is accurate and the need exists as indicated.

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|                                   |           |      |
|-----------------------------------|-----------|------|
| SightFirst Technical Advisor Name | Signature | Date |
|-----------------------------------|-----------|------|

### District Governor Endorsement (Single and Sub-District Level Grant Applications)

This certifies that I have reviewed the LCIF SightFirst grant criteria and grant application. To the best of my knowledge, the information submitted is accurate and the need exists as indicated. I endorse this proposal and will do everything within my power to assure the proper and efficient use of grant funds, proper accounting and regular reporting to Lions Clubs International Foundation.

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|                        |           |      |
|------------------------|-----------|------|
| District Governor Name | Signature | Date |
|------------------------|-----------|------|

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|                 |           |       |
|-----------------|-----------|-------|
| District Number | Telephone | Email |
|-----------------|-----------|-------|

### Council Chairperson Endorsement (Multiple District Level Grant Applications)

This certifies that I have reviewed the LCIF SightFirst grant criteria and grant application. To the best of my knowledge, the information submitted is accurate and the need exists as indicated. I endorse this proposal and will do everything within my power to assure the proper and efficient use of grant funds, proper accounting and regular reporting to Lions Clubs International Foundation.

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|                          |           |      |
|--------------------------|-----------|------|
| Council Chairperson Name | Signature | Date |
|--------------------------|-----------|------|

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|                          |           |       |
|--------------------------|-----------|-------|
| Multiple District Number | Telephone | Email |
|--------------------------|-----------|-------|

