



**Fraternal Order of Eagles
Charity Fund Department
1623 Gateway Circle S
Grove City, OH 43123**



Grant Request Form

Check One:

- | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Heart Fund | <input type="checkbox"/> Diabetes Fund | <input type="checkbox"/> Golden Age Fund |
| <input type="checkbox"/> <i>Drug Awareness</i>
<i>(matched up to \$500)</i> | <input type="checkbox"/> Kidney Fund | <input type="checkbox"/> Parkinson's Fund |
| <input type="checkbox"/> <i>C.P.R. Fund (\$1,000)</i> | <input type="checkbox"/> Children's Fund | <input type="checkbox"/> Alzheimer's & Neurological Fund |
| <input type="checkbox"/> Cancer Fund | <input type="checkbox"/> Spinal Cord Injury Fund | <input type="checkbox"/> Muscular Dystrophy Fund |

State Grant

International Grant

Local Aerie/Aux.

Project Title: _____

Research

Educational Material

Equipment/Supplies

IRS Status: 501(c)_____ IRS Tax Exempt Number - Grant Amount Requested\$ _____

Recipients Name: _____

Department/Site: _____

Address: _____ City: _____

State/Prov. _____ Zip: _____ Contact: _____ Phone: _____

Check Payable To: _____

Request Submitted By: Aerie/Auxiliary Name: _____ # _____ Date _____

Presentation Date/Date Check needed by: _____

Date Approved By State/Provincial Executive Board: ____/____/____ Approved Grant Amount: \$ _____

State/Provincial President: _____ Date: ____/____/____

State/Provincial Secretary: _____ Date: ____/____/____ State/Prov. _____

Local Secretary: _____ Date: ____/____/____

Local President: _____ Date: ____/____/____

EARMARKED GRANTS DO NOT NEED STATE APPROVAL

Approved
BOGT Misc
Request Form#

- | | | |
|----------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Checklist for: | <input type="checkbox"/> Grant Form Completed in Full | <input type="checkbox"/> IRS Determination Letter or other Document attesting to nonprofit status is enclosed |
| Submission | <input type="checkbox"/> Grant Form Signed and Dated | <input type="checkbox"/> Project resume on recipient letterhead detailing use of funds and affirming no administrative use of funds |
| | <input type="checkbox"/> Verification that Per Capita is Paid | |
| | <input type="checkbox"/> Contribution enclosed | |