



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



**H.O.M.E. Fund Grant Request Form**

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

Research                       Educational Materials                       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: \_\_\_\_\_ # \_\_\_\_\_

**Presentation Date/Date Check needed by:** \_\_\_\_\_

**Local Secretary:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Local President:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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