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

Universal Grant Request Form

Check One:

- ◉ Max Baer Heart Fund
- ○ *Drug Awareness*** *(matched up to $500)*
- ○ *C.P.R. Fund ($1,000)*
- ○ Art Ehrmann Cancer Fund
- ○ Muscular Dystrophy Fund
- ○ Robert W. Hansen Diabetes Fund
- ○ D.D. Dunlap Kidney Fund
- ○ Jimmy Durante Children's Fund
- ○ *Child Abuse Prevention*
- ○ *Children's Aids*
- ○ Golden Age Eagle Fund
- ○ Parkinson's Fund
- ○ Blackie Floyd Alzheimer's Fund
- ○ Lew Reed Spinal Cord Fund
- ○ H.O.M.E./Earmarked**

☐ Regional Grant ☐ State Grant ☐ International Grant ☐ Local Aerie/Aux.

Project Title: _____

☐ Research ☐ Education ☐ 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. _____

H.O.M.E. and EARMARKED GRANT APPROVAL (State Approval Not required):

Local Secretary: _____ Date: ____/_____/_____

Local President: _____ Date: ____/_____/_____

Approved BOGT Misc Request Form# _____

Checklist for Submission:

- ☐ Grant Form Completed in Full
- ☐ Grant Form Signed and Dated
- ☐ Verification that Per Capita is Paid
- ☐ **Contribution enclosed
- ☐ IRS Determination Letter or other Document attesting to nonprofit status is enclosed
- ☐ Project resume on recipient letterhead detailing use of funds and affirming no administrative use of funds