



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



Grant Request Form

Check One:

- XX** Max Baer Heart Fund Robert W. Hansen Diabetes Fund Golden Age Eagle Fund
 *Drug Awareness*** D.D. Dunlap Kidney Fund Parkinson's Fund
 (matched up to \$500) Jimmy Durante Children's Fund Alzheimer's & Neurological Fund
 C.P.R. Fund (\$1,000) *Child Abuse Prevention* *Lew Reed Spinal Cord Fund*
 Art Ehrmann Cancer Fund *Children's Aids*

- Local Aerie/Aux State Grant International Grant

Project Title: FL SMP Charity - University of Florida for Pompe Disease

- Research Educational Materials Equipment/Supplies

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

Recipients Name: University of Florida Foundation, Inc.

Department/Site: _____

Address: 1329 SW 16th Street, Suite 3150 City: Gainesville

State/Prov. FL Zip: 32608 Contact: Benjamin Valentine Phone: 352-627-9047

Check Payable To: University of Florida Foundation, Inc.

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