



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



Grant Request Form

Check One:

- | | | |
|---|---|--|
| <input type="checkbox"/> Max Baer Heart Fund | <input type="checkbox"/> Robert W. Hansen Diabetes Fund | <input type="checkbox"/> Golden Age Eagle Fund |
| <input type="checkbox"/> <i>Drug Awareness**</i>
(matched up to \$500) | <input type="checkbox"/> D.D. Dunlap Kidney Fund | <input type="checkbox"/> Parkinson's Fund |
| <input type="checkbox"/> <i>C.P.R. Fund (\$1,000)</i> | <input type="checkbox"/> Jimmy Durante Children's Fund | <input type="checkbox"/> Alzheimer's & Neurological Fund |
| <input type="checkbox"/> Art Ehrmann Cancer Fund | <input type="checkbox"/> <i>Child Abuse Prevention</i> | <input type="checkbox"/> Lew Reed Spinal Cord Fund |
| <input checked="" type="checkbox"/> Muscular Dystrophy Fund | <input type="checkbox"/> <i>Children's Aids</i> | |

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