



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



Grant Request Form

Choose ONE Fund listed below:

- | | | |
|---------------------------------------|---|-------------------------------|
| _____ Alzheimer's & Neurological Fund | _____ Golden Age Fund | _____ Kidney Fund |
| _____ Cancer Fund | _____ Heart Fund | _____ Muscular Dystrophy Fund |
| _____ Children's Fund | _____ C.P.R. (\$1,000) | _____ Parkinson's Fund |
| _____ Diabetes Fund | _____ Drug Awareness
(matched up to \$500) | _____ Spinal Cord Injury Fund |

Grant Type: State/Prov Funded Earmarked Turn-Around* (DOES NOT REQUIRE STATE/PROV APPROVAL)

- Research Educational Materials Equipment/Supplies

Proof of Exemption: **FEIN** **OR Canadian Registration** _____

Department/Site: _____ State/Provincial Funds Requested \$ _____

Address: _____ City: _____

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

Email address for organization's contact: _____

Check Payable to: _____

Submitted by: Aerie Auxiliary Joint Club Name: _____ # _____

Presentation Date (checks must be cashed within 90 days of issue date): _____

*Local Secretary: _____ Date: ___/___/_____

*Local President: _____ Date: ___/___/_____

State/Prov. _____ Date Approved by State/Provincial Board: ___/___/_____

State/Provincial Secretary: _____ Date: ___/___/_____

State/Provincial President: _____ Date: ___/___/_____

Amt provided by local AE/AX (if included) \$ _____

Amt approved by State/Prov AE (if approved) \$ _____

Total Grant Amount \$ _____

- Submission Checklist:
- | | |
|--|--|
| <input type="checkbox"/> Grant Form Completed in Full | <input type="checkbox"/> Proof of Exemption – 501(c)(3) IRS Determination Letter or statement of government exemption or Canadian Charitable Registration number |
| <input type="checkbox"/> Grant Form Signed and Dated | <input type="checkbox"/> Project resumé on recipient's letterhead detailing use of funds within grant guidelines and affirming no administrative use of funds |
| <input type="checkbox"/> Verification Per Capita is Paid | |
| <input type="checkbox"/> Contribution Enclosed | |

CF Board Approval Request #
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