



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



Grant Request Form

Check One:

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart Fund | <input type="checkbox"/> Diabetes Fund | <input type="checkbox"/> Golden Age Fund |
| <input type="checkbox"/> <i>Drug Awareness</i>
<i>(matched up to \$500)</i> | <input type="checkbox"/> Kidney Fund | <input type="checkbox"/> Parkinson's Fund |
| <input type="checkbox"/> <i>C.P.R. Fund (\$1,000)</i> | <input checked="" type="checkbox"/> Children's Fund | <input checked="" type="checkbox"/> Alzheimer's & Neurological Fund |
| <input type="checkbox"/> Cancer Fund | <input type="checkbox"/> Spinal Cord Injury Fund | <input type="checkbox"/> Muscular Dystrophy Fund |

- State Grant International Grant Local Aerie/Aux.

Project Title: University of Central Florida, JUDO Program

- Research Educational Material Equipment/Supplies

IRS Status: 501(c) (3) IRS Tax Exempt Number 59-6211832 Grant Amount Requested \$

Recipients Name: University of Central Florida

Department/Site: College of Health Professions and Sciences

Address: 12805 Pegasus Drive City: Orlando

State/Prov. Florida Zip: 32816 Contact: Jennifer Wolf Phone: 407-823-0383

Check Payable To: University of Central 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 nonprofit status is enclosed |
| Submission: | <input type="checkbox"/> Grant Form Signed and Dated | <input type="checkbox"/> Project resume on recipient letterhead detailing use of funds and affirming no administrative use of funds |
| | <input type="checkbox"/> Verification that Per Capita is Paid | |
| | <input type="checkbox"/> Contribution enclosed | |