

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



funds and affirming no administrative use of funds

Universal Grant Request Form

Check One:							
Max Baer Heart Fund Drug Awareness** (matched up to \$500) C.P.R. Fund (\$1,000)		Robert W. Hans	Robert W. Hansen Diabetes Fund		Golden Age Eagle Fund		
		D.D. Dunlap K	idney Fund	Parkinson's Fund Blackie Floyd Alzheimer's Fund			
		Jimmy Durante	Children's Fund				
Art Ehr	mann Cancer Fund	Child Abuse F	Prevention	Lew Reed Spinal Cord Fund			
Muscul	ar Dystrophy Fund	Children's Aid	ds .	H.O.M	I.E./Earmarked <mark>**</mark>		
☐ Regional Gra	ant	☐ State Grant	☐ International Gr	ant	□ Local Aerie/Aux.		
Project Title:							
	☐ Research	☐ Education	□ Equipr	nent/Supplies			
IRS Status: 501	(c) IRS Tax E	xempt Number	Grant A	mount Reque	ested <mark>\$</mark>		
Recipients Nam	ne:						
Department/Site	e:						
Address: City:							
State/Prov	Zip:	Contact:		_Phone:			
Check Payable	То:						
Request Submitted By: Aerie/Auxiliary Name:				#	Date		
Presentation D	Oate/Date Check need	led by:					
Date Approved	By State/Provincial E	xecutive Board:/	Approved Gra	ant Amount: <mark>(</mark>	\$		
State/Provincial	l President:		Date:/_	/	_		
State/Provincial Secretary:			Date:/_	/	State/Prov <mark></mark>		
H.O.M.E. and I	EARMARKED GRAN	NT APPROVAL (State Approv	al Not required):				
Local Secretary:			Date:/	/			
Local President	:		Date:/	/	Request Form#		
Checklist for:	☐ Grant Form Com	pleted in Full	☐ IRS Determination	on Letter or o	ther Document attesting to		
Submission	☐ Grant Form Sign		nonprofit status is enclosed ☐ Project resume on recipient letterhead detailing use of				
	□ Verification that	Per Capita is Paid					

□ **Contribution enclosed