



**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<br>(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)	\$ _____
<b>Total Grant Amount</b>	<b>\$ _____</b>

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           |  |

<p><b>CF Board Approval Request #</b></p>
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