



**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 ☐ Eagle Riders ☐ 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:

- ☐ Grant Form Completed in Full
- ☐ Grant Form Signed and Dated
- ☐ Verification Per Capita is Paid
- ☐ Contribution Enclosed
- ☐ Proof of Exemption – 501(c)(3) IRS Determination Letter **or** a copy of their Governmental Information Letter and statement of government exemption **or** Canadian Charitable Registration number
- ☐ Intent letter on recipient's letterhead detailing use of funds within grant guidelines and affirming no administrative use of funds

**CF Board
Approval
Request #**