



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



**General 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**

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**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:

- ☐ 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 statement of government exemption or Canadian Charitable Registration number
- ☐ Project resumé on recipient's letterhead detailing use of funds within grant guidelines and affirming no administrative use of funds

**BOGT  
Approval  
Request #**