



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



**H.O.M.E. Grant Request Form**

(Does not require State/Provincial Approval)

☐ Research

☐ Educational Materials

☐ Equipment/Supplies

Proof of Exemption: **FEIN**             **OR Canadian Registration** \_\_\_\_\_

Department/Site: \_\_\_\_\_ Total Amount Included \$ \_\_\_\_\_

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):** \_\_\_\_\_

**Secretary's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submission Checklist:**

- ☐ Grant Form Completed in Full
- ☐ Grant Form Signed and Dated
- ☐ 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

**\*\*Additional funds are not available for HOME grants. Grant will be processed for the amount of the check (from the Aerie/Auxiliary) which accompanies the complete grant package.**