



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



Regional Grant Request Form

Choose ONE fund listed below:

_____Alzheimer's & Neurological Fund _____Golden Age Fund _____Muscular Dystrophy Fund
_____Cancer Fund _____Heart Fund _____Parkinson's Fund
_____Children's Fund _____Kidney Fund _____Spinal Cord Injury Fund
_____Diabetes Fund

☐ Research

☐ Educational Materials

☐ Equipment/Supplies

Proof of Exemption: **FEIN**

OR Canadian Registration

Grant Amount Requested: \$2,500 or \$5,000

Department/Site: _____

Address: _____ City: _____

State/Prov. _____ Zip: _____ Contact: _____ Phone: _____

Email address for organization's contact: _____

Check Payable to: _____

Region: _____ **Regional Conference Date:** _____
(checks must be cashed within 90 days of issue date)

Regional Aerie President: _____ Date: _____

Regional Auxiliary President: _____ Date: _____

Submission Checklist:

- ☐ Grant Form Completed in Full
- ☐ Grant Form Signed and Dated by **Aerie** Regional President
- ☐ Grant Form Signed and Dated by **Auxiliary** Regional President

- ☐ 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