



Fraternal Order of Eagles  
Charity Fund Department  
1623 Gateway Circle So.  
Grove City, OH 43123



**Universal Grant Request Form**

Check One:

Max Baer Heart Fund\*\*       Art Ehrmann Cancer Fund\*\*       Golden Age Eagle Fund\*\*  
 (Drug Awareness Fund)       (D.D. Dunlap Kidney Fund) \*\*       (Alzheimer's Fund)\*\*  
 (C.P.R. Fund)       (Muscular Dystrophy Fund)\*\*       Lew Reed Spinal Cord Fund \*\*  
 Robert W. Hansen Diabetes Fund\*\*       Jimmy Durante Children's Fund\*\*       H.O.M.E.  
 Child Abuse

Regional Grant       State Grant       Local Aerie/Aux.       International Grant

Check one:      Research \_\_\_\_\_ Educational Material \_\_\_\_\_ Equipment/Supplies \_\_\_\_\_

IRS Status:      Non-Profit \_\_\_\_\_      IRS Tax Exempt Number \_\_\_\_\_ - \_\_\_\_\_

**PLEASE PRINT or TYPE**

Project Title: \_\_\_\_\_

Recipients Name: \_\_\_\_\_

Department/Site: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check Payable To: \_\_\_\_\_

**Presentation Date/Check needed by:** \_\_\_\_\_

**\*\*ATTACH A BRIEF RESUME OF PROJECT ALONG WITH A STATEMENT THAT THE GRANT FUNDS WILL ONLY BE USED FOR RESEARCH, EDUCATION OR EQUIPMENT\*\***

Request Submitted By Aerie/Auxiliary Name: \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_

**AERIE & AUXILIARY PER-CAPITA TAXES MUST BE PAID**

**\*H.O.M.E. DOES NOT REQUIRE STATE APPROVAL**

Date Approved By State/Provincial Executive Board: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Grant Amount: \$ \_\_\_\_\_

State/Provincial President: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State/Provincial Secretary: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State/Prov. \_\_\_\_\_

**\*\*\*\*\* FORWARD TO ABOVE ADDRESS \*\*\*\*\***

Fund Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Effective 6-1-2004