



**Fraternal Order of Eagles
Ohio State Aerie
1170 Richfield Center Rd
Beavercreek , OH.45430**

State Grant Request Form

Check One:

_____ Heart Fund** _____ Blackie Floyd Cancer Fund** _____ Golden Age Eagle Fund**
_____ Blind Fund** _____ Kidney Fund ** _____ Alzheimer's Fund**
_____ Diabetes Fund** _____ Children's Fund** _____ Spinal Cord Injury Fund**
_____ CPR (Fire)** _____ D.A.R.E. (Police)**

Check one: Research _____ Education _____ Equipment/Supplies _____ Other _____

IRS Status: Non-Profit _____ IRS Tax Exempt Number _____ - _____

PLEASE PRINT or TYPE

Project Title: _____ Requested Grant Amount: \$ _____

Recipients Name: _____

Department/Site: _____

Address: _____ City _____

State _____ Zip: _____ Phone#: _____ - _____ - _____

Check Payable To: _____

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

Request Submitted By Aerie/Auxiliary Name: _____ # _____

Aerie/Auxiliary President: _____ Date: ____/____/____

Aerie/Auxiliary Secretary: _____ Date: ____/____/____

AERIE & AUXILIARY PER-CAPITA TAXES MUST BE PAID

Date Approved By Ohio State Charity Board: ____/____/____ Approved Grant Amount: \$ _____

State President: _____ Date: ____/____/____

State Secretary: _____ Date: ____/____/____

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

PARTICIPATION IN THE OHIO STATE EAGLES CHARITY FUND PROGRAM COULD BE A FACTOR IN THE AWARDING OF THIS GRANT.