

**June, 2011**

## **HOW TO APPLY FOR GRANTS**

Last fall the Grand Aerie changed the way we apply for grants. This new process is a result of possible IRS problems dealing with charity money. Please DO NOT let this slow you down in applying for grant money. If you have ANY problems, please contact the State Auxiliary Secretary's office for any assistance you need (607.738.7633).

Grant money is for charities that are classified 501-C3.

- 1.) The Charity on its own letterhead must request the Grant, tell what it will be used for and provide the tax ID number in the letter.
- 2.) The Aerie and/or Auxiliary on its own letterhead must document when the Aerie and/or Auxiliary approved the Grant Application. The Aerie and/or Auxiliary Seal must be on the letter along with the President and Secretaries signature.
- 3.) The middle part of the Grant form must be completely filled out. If you are applying for the State Charity Grant, "Don Rettinger Arthritis Fund," write on the top of the form: Don Rettinger Arthritis Fund.

**ALL GRANT REQUESTS MUST BE RECEIVED NO LATER THAN SEPTEMBER 10, 2011 BY NEW YORK STATE SECRETARY RUTH SHARKEY, 1069 W. BROAD STREET, HORSEHEADS, NEW YORK 14845 FOR CONSIDERATION THIS YEAR. THERE WILL BE NO EXCEPTIONS.**

**GRANTS WILL BE APPROVED AT THE FALL CONFERENCE TO BE HELD THIS YEAR IN GLEN FALLS, NEW YORK**

2011 – 2012 GRANT COMMITTEE

MADAM STATE AUXILIARY PRESIDENT – MARY GWITT-STOLDT

AERIE STATE PRESIDENT – DAVID COOK

N.Y. STATE AUXILIARY SECRETARY – RUTH SHARKEY

N.Y. STATE AERIE SECRETARY – DON YANCHUNNIS

N.Y. STATE AUXILIARY TREASURER – ANITA DIECKMANN

N.Y. STATE AERIE TRUSTEE – ELIJAH (Lou) OSMON



**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) \*\*       Parkinson's Fund  
 M. "Blackie" Floyd Alzheimer's Fund       (Muscular Dystrophy Fund)\*\*       (C.P.R. Fund)  
 Robert W. Hansen Diabetes Fund\*\*       Jimmy Durante Children's Fund\*\*       Lew Reed Spinal Cord Fund  
 Child Abuse       Children's AIDS       HOME Fund

- Regional Grant       State Grant       Local Aerie/Aux.       International Grant

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

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

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**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\*\* \*\*ALL STATE CONVENTION GRANTS MUST BE SUBMITTED ONE (1) MONTH PRIOR TO CONVENTION\*\*.**

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 7-30-2007**