

September 2009

HOW TO APPLY FOR GRANTS

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 signatures.
- 3.) The middle part of the Grant form must be completely filled out. If you are applying for the current State Charity Grant, "Don Rettinger Arthritis Fund," write on the top of the form: Don Rettinger Arthritis Fund.

ALL REQUESTS MUST BE COMPLETE IN ORDER TO BE PROCESSED.

Send completed Grant Applications to the State Auxiliary Secretary, Ruth Sharkey, 1069 W. Broad Street, Horseheads, N.Y. 14845-2204 who will in turn forward to the Grant Committee. **ALL GRANT APPLICATIONS MUST BE RECEIVED BY 12/31/09.**

The following is the 2009 - 2010 Grant Committee:

ZONE ONE:

Madam State President, Janet Sechler - Lockport Auxiliary #825
Elijah (Lou) Osmon - Depew/Lancaster Aerie #2692

ZONE TWO:

N. Y. State Auxiliary, Secretary J. Ruth Sharkey - Johnson City Auxiliary #2644
Aerie State President, Leonard Briggs - Johnson City Aerie #2644

ZONE THREE:

N. Y. State Auxiliary Treasurer, Anita Dieckmann - Empire Auxiliary #544
N. Y. State Aerie Secretary, Don Yanchunnis - Saratoga Springs Aerie #2586



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



Universal Grant Request Form

Check One:

- | | | |
|---|--|--|
| <input type="checkbox"/> Max Baer Heart Fund** | <input type="checkbox"/> Art Ehrmann Cancer Fund** | <input type="checkbox"/> Golden Age Eagle Fund** |
| <input type="checkbox"/> (Drug Awareness Fund) | <input type="checkbox"/> (D.D. Dunlap Kidney Fund) ** | <input type="checkbox"/> Parkinson's Fund |
| <input type="checkbox"/> (C.P.R. Fund) | <input type="checkbox"/> (Muscular Dystrophy Fund)** | <input type="checkbox"/> Alzheimer's Fund |
| <input type="checkbox"/> Robert W. Hansen Diabetes Fund** | <input type="checkbox"/> Jimmy Durante Children's Fund** | <input type="checkbox"/> Lew Reed Spinal Cord Fund |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Children's AIDS | <input type="checkbox"/> HOME Fund |
| <input type="checkbox"/> Regional Grant | <input type="checkbox"/> State Grant | <input type="checkbox"/> Local Aerie/Aux. |
| | | <input type="checkbox"/> 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** **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: \$ _____