

# Drug Awareness Program Application for Matching Funds Grant

MATCHING FUNDS ARE LIMITED TO \$200

Due to District Chairman by December 15, 2021

Due to CHEA Chairman by January 15, 2022

Date: \_\_\_\_\_

Lodge: \_\_\_\_\_ Lodge # \_\_\_\_\_

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

Lodge Drug Awareness Chairman: \_\_\_\_\_

District: \_\_\_\_\_

## Funds Applied For:

Attach a list of the Drug Awareness activities, dates and the amount you spent on each activity or item. Explain how many children or individuals were impacted by your event. If possible, include copies of the invitation, program, photo(s) and/or receipts. RECEIPTS MUST ACCOMPANY REQUEST TO BE REIMBURSED. Make sure the requested signatures below are completed, as well as printing the name below the signature.

Lodge Drug Awareness Chairman: \_\_\_\_\_  
Signature

Lodge Drug Awareness Chairman: \_\_\_\_\_  
Print Name of Lodge Drug Awareness Chairman

Lodge Drug Awareness Chairman: \_\_\_\_\_  
Email of the Lodge Drug Awareness Chairman

Exalted Ruler: \_\_\_\_\_  
Signature

Exalted Ruler: \_\_\_\_\_  
Print Name of Exalted Ruler

District Drug Awareness Chairman: \_\_\_\_\_  
Signature

District Drug Awareness Chairman: \_\_\_\_\_  
Print Name of District Chairman

No funds will be eligible for approval without all of the above information being completed.