

Drug Awareness Program Application for Matching Funds Grant

MATCHING FUNDS ARE LIMITED TO \$200

Due to District Chairman by December 15, 2024

Due to CHEA Chairman by January 15, 2025

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.

Make sure to provide the Lodge Secretary with a copy of this information for the Lodge's records.