

ENF OFFICE USE ONLY	
State&No.:	
Date Rec'd:	
Signed:	

Lodge Name:	Lodge No.:				
We have approved your Lodge's Gratitude Grant and issued a check to cover expenses. Remember, these grant funds must be used toward the approved event or donation. If the Lodge has any questions about use of the funds, contact the ENF Programs Department. Directions: Complete and return this form, along with copies of all grant-related receipts for expenses, to the Elks National Foundation no later than August 31, 2012. All sections of this two-page form must be completed. Lodges that do not complete this form and return it, with receipts, will not be eligible for future grants. Photos, newspaper coverage, or promotional materials submitted may be used for Lodge highlights in ENF publications or online. Send completed forms to Elks National Foundation, 2750 N. Lakeview Ave., Chicago, IL, 60614-2256. For more information, contact the Programs Department, ENFPrograms@elks.org or 773/755-4730.					
Contact Information (Please note any changes)					
Name:	Phone Number:				
Address:	Phone Number (2):				
City, State, Zip:	Email Address:				
Grant Logistics:					
Date of Use:	Event/Donation type: <type></type>				
Number of Elks involved:	Number of Elks hours spent:				
Number of Liks involved.	Number of Liks flours sperit.				
Number of youth attending:	Total number of people attending:				
Organization partnered with (if any):	Total Dollars Spent:				
Front December December how were well-					
Event Description: Please describe how your grant was used.					
Planning and Activities: How were Elks involved in activities?					

Feedback and Evaluation					
What were the event's successes?					
How	did the Gratitude Gra	nt benefit your Lodge?			
<u> </u>	************	Expen			
		ns and amount of reasonable re the event or donation. Only pre			
		store receipts, purchase orders			
amou	nt from partner organ	izations. If you have questions	, contact the ENF Progra	ams Department by email at	
		We reserve the right to seek rei			
coinci		of the grant. Be sure to sign a	and date the "Required	Signatures" section	
Delov	v.				
A gra	nt check was maile	d to the Lodge address below	v upon approval. Pleas	e account for those funds	
in the budget below.					
امطما	o Nomo:				
Lodge Name: Address:					
, (44)					
	Date:	Description:		Total:	
	Date.	Description:		Total.	
			Grand Total:		
			5.14.14		
	ired Signatures:				
_	e Contact(s):		-l	lational Foundation	
I hereby certify that the above claim is correct and legally chargeable to the Elks National Foundation.					
Signature: Date:					
Ū	(Lodge Secretar	(y)			
0.			D .		
Signa	ture: (Exalted Ruler)		Date:		
	(Exalted Fitalet)				
ENF (
Signature: Date:					
Signa			Date:		
Signa		(Programs Associate)	Date:		
Signa (Final	iture:	(Programs Associate)	Date:		