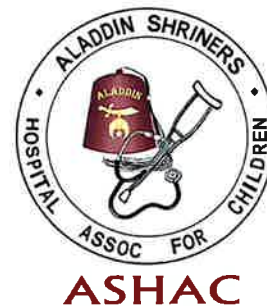


Aladdin Shriners

Hospital Association for Children



Date: February 26, 2024

To: Aladdin Divan, ASHAC Trustees, Shrine Club Presidents, and Unit Directors

From: Chad Dennewitz, Secretary/Administrator

Re: Annual Distribution of ASHAC Funds

Each year the Aladdin Shriners Hospital Association for Children, Inc. (ASHAC) provides financial support for hospitals and medical care for children under the age of eighteen who need orthopedic or burn treatment. Our goal is to save affected children's lives and restore them to the highest level of usefulness.

Aladdin Shrine Clubs and Units are invited to recommend organizations in their community that may be eligible for financial support. Schools, fire departments, special needs schools and rehabilitation centers that serve children are examples of qualifying organizations. Our funds may be used to cover the cost of certain medical treatments and purchase special medical equipment that would help with children with burns or orthopedic conditions up to eighteen years of age. We do not provide funds for home construction or renovations, nor do we provide normal care for newborn children. We also do not donate to other charities.

If you have an organization to be considered for ASHAC funds, have them complete the appropriate enclosed form. Advise them to be very specific in their summary about what and how the funds will be used. In addition, the necessary supporting documentation must be specific regarding the dollar amount of funds being requested.

Thermal Imaging Cameras are awarded in the order the requests are received. It is important that all camera requests are received in the office as quickly as possible so the department doesn't miss out due to the request being held. The requests may be scanned and emailed to cdennewitz@aladdinshrine.org.

If the organization receives funds, they must submit a complete report of how the funds were utilized. The Club President, Unit Director, or Secretary should meet with the organization officials and ensure that these requirements are understood. The President, Director or Secretary should complete the Club portion of the form. **The request will not be accepted if the sponsoring Shriner information is not complete.** The request should be forwarded directly to Kim at the Aladdin Shrine Center.

All requests must be received at the Shrine Center before April 10, 2024. Requests received after this date cannot be considered. Once the requests have been reviewed by the ASHAC Board and approved by the Imperial Counsel, you will be notified of the action taken on the request. Questions should be forwarded to this office at 614-269-0240 or 800-475-3850 ext. 103.

1801 Gateway Circle, Grove City, Ohio 43123

(614) 475-2609 * www.aladdinshrine.org

Hospital Association for Children



REQUEST FOR FUNDS

Paperwork due at Aladdin Shrine by April 10, 2024.

Name of Organization: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____ (Ext) _____

Email: _____

Tax Identification Number (TIN): _____

Specific Amount of Request: \$ _____

ALL PARTS OF APPLICATION MUST BE COMPLETED FOR REQUESTS TO BE APPROVED.

Describe in detail how the funds will be utilized. Remember, these funds must be used for the care of children with orthopedic, spinal cord or burn injuries. For equipment requests, include specific detailed pictures of the equipment. If necessary, attach additional pages.

Requests of \$10,000 or more may require an in-person presentation to the ASHAC Board.

If funds are approved, a receipt and a follow-up letter for the use of the funds must be submitted.

**** ALL REQUESTS MUST BE SPONSORED BY AN ACTIVE ALADDIN SHRINER ****

Submitted by Noble: _____ Club/Unit: _____

Signature: _____ Member Number: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

BOARD DECISION: [] APPROVED - FULL [] APPROVED - PARTIAL [] DENIED

Aladdin Shriners

Hospital Association for Children



ASHAC

REQUEST FOR THERMAL IMAGING CAMERA

Paperwork due at Aladdin Shrine by April 10, 2024

Name of Organization: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____ (Ext) _____

Email: _____

Tax Identification Number (TIN): _____

This request is for one Thermal Imaging Camera with
two batteries and a truck charger for the use of fire and rescue.

**** ALL REQUESTS MUST BE SPONSORED BY AN ACTIVE ALADDIN SHRINER ****

Submitted by Noble: _____ Club/Unit: _____

Signature: _____ Member Number: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

BOARD DECISION: [] APPROVED [] DENIED

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