



CORPUS CHRISTI FOUNDATION

Application for Grant Funding 2017

Organization: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Title of Proposed Project: _____

Total Cost of Project: \$ _____
Amount of Request: \$ _____
Dates of Proposed Project: _____

If you submit multiple applications, rank them by priority as 1st, 2nd, etc.: _____

Description of Project - please provide in detail; attach additional page if needed:

Budget for Project - please attach itemized project budget and/or quotation(s):

If the total cost of your project exceeds the amount of funds that may be granted, please identify your other source of funds. If your project is long-term, please identify long term funding source(s).

Explain how your project benefits the participants:

Please include signature of applicant and organization's pastor(s) or principal, as applicable.

Applicant's Signature

Date

Pastor or Principal Signature

Pastor or Principal Signature (if joint project)

Due by 5:00 PM on Friday, December 9, 2016 to:
Carol Quinn, 129 Lake Forest Drive, Holland, MI 49424
Email: bhv410@yahoo.com Phone: 616-786-9686