# C:\My Documents\My Pictures\just logo.jpg

#  CORPUS CHRISTI FOUNDATION

#  Grant Evaluation Form

**PLEASE COMPLETE AND RETURN BY: August 31, 2020**

**Organization Name**: Click here to enter text.

**Grant Amount**: Click here to enter text. **Grant Date:** Click here to enter text.

**Purpose of Grant/Title of Project:** Click here to enter text.

**Contact Name**: Click here to enter text.

**Please attach copies of receipts for items purchased with grant funds.**

**You may also attach additional sheets of paper to answer the following questions, if needed.**

1. What effect or difference has this grant made on your organization or the Catholic Community?

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| --- |
| Click here to enter text. |

2. Outline how the program met its original goals.

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| --- |
| Click here to enter text. |

3. Please include a complete accounting of how your grant was spent (also attach receipts).

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| --- |
| Click here to enter text. |

4. Are there any comments you would like to add concerning the awarding of

 this grant or the grant process?

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| --- |
| Click here to enter text. |

5. Is there a human-interest story you would like to tell?

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| Click here to enter text. |

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Signature Date

**Email to Karen Brown: kgbrown22@yahoo.com**

**Or Mail to: Corpus Christi Foundation, 195 West 13th Street, Holland, MI 49423**