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

#  CORPUS CHRISTI FOUNDATION

#  Grant Evaluation Form

**PLEASE COMPLETE AND RETURN BY: August 31, 2023**

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Grant/Title of Project**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?

2. Outline how the program met its original goals.

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

4. Are there any comments you would like to add concerning the awarding of this grant or the grant process?

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

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

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