



CORPUS CHRISTI FOUNDATION Application for Grant Funding 2025

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 5:00pm on Friday, December 6, 2024 to: Karen Brown (kgbrown22@yahoo.com)

