 CORPUS CHRISTI FOUNDATION

# Application for Grant Funding 2026

|  |  |  |
| --- | --- | --- |
| **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 5, 2025 to: Karen Brown (kgbrown22@yahoo.com)**