



CORPUS CHRISTI FOUNDATION Grant Evaluation Form

PLEASE COMPLETE AND RETURN BY: August 31, 2027

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**