



COASTAL BEND COLLEGE Foundation

Departmental Request for Funding

Requestor Name: _____ Department: _____

Contact Number: _____ Email: _____

Funding Amount: _____ Account (if known): _____

Project Description: _____ Date Required: _____

Reason for Funding Request: _____

Please attach documentation and justification for requested funds, including explanation of need, purpose, and rationale. All requests considered must align with College-wide initiatives, and supporting materials must demonstrate how the request will support a CBC strategic objective and/or goal as well as how it compliments the departmental plan for student success. The CBC Foundation appreciates acknowledgement of assistance provided through its donor funds.

Vendor Information

All coordination required to fulfill the request is the responsibility of the department. This includes, but is not limited to, communicating with vendors, placing of orders, organization of events, set-up of facilities, and any needs associated with the project. When a request is approved, the final invoice should be forwarded to: CBC Foundation Office, 3800 Charco Road, Beeville, TX 78102.

Vendor/Payee Name: _____ Contact Number: _____

Vendor/Payee Address: _____

Departmental Signatures

Requestor Date

Supervisor/Dean Date

ShowUsSomeLove.org   

3800 Charco Road, Beeville, TX 78102 • 361-354-23

FOR FOUNDATION USE ONLY

Denied Approved

Amount Awarded \$ _____

Signatures:

Executive Director Date

Provost

Date