**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Final Grant report**

**GRANTEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **HT Level \_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EVENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EVENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF EVENT:** (**Essay style summary of how this helped grow awareness of Healing Touch. Include details of the: clinic, activity, feedback from recipients, volunteer testimonials. Number of volunteers \_\_\_\_, number of HT sessions \_\_\_\_, number of people you share HT with \_\_\_\_**

**DIGITAL PICTURES:** Include 3-5 digital pictures, doing the work (pictures with permission).

**REIMBURSEMENT:** Include a separate itemized expense summary with receipts.

**EMAIL REPORT TO:** htwfoundation@AOL.com **Telephone 281-856-8340** [**www.htwfoundation.org**](http://www.htwfoundation.org)