



## HEALING TOUCH WORLDWIDE FOUNDATION, INC. GRANT PROPOSAL SUMMARY

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**1. Name of Organization:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Contact person(s) for inquiries regarding this proposal:**

\_\_\_\_\_

\_\_\_\_\_

**3. Name of specific Program/Project for which funding is requested:**

\_\_\_\_\_

**4. Funds Requested** (*Please specify amount.*): \$ \_\_\_\_\_

Total Budget \$ \_\_\_\_\_

**5. Brief History and Mission Statement of the organization** (Summarize the purpose and activities of the organization.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Description of the Program/Project for which funding is requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_