



Holy Spirit Benevolence Ministry

9821 Frankford Ave., • Lubbock, TX 79424
(806) 698-6400 (office) • (806-798-0646 (fax)

Final Report Summary

Date: _____ Director: _____

Organization: _____

Address: _____

Telephone number: _____ Fax number: _____

Email: _____ Amount funded: _____

Project or program description: *Please be specific and use additional space or attachments, if needed.*

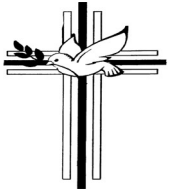
Did you achieve your desired goals? If not, please explain. *Use additional space or attachments, if needed.*

Income: List all sources of income for the project or program.

Expenses: List all expenses incurred during the project or program. Please detail how monies from Holy Spirit were used.

Signature

Printed name



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