



## *Holy Spirit Benevolence Ministry*

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

### **GRANT SUMMARY**

Date \_\_\_\_\_

Organization: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

City and State: \_\_\_\_\_

Director's Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

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

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

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

Secondary Contacts: \_\_\_\_\_

A brief history of the organization:

Description of the project or program: *(Include prioritized needs of project or program; a comprehensive budget; specific use of the funds; a time table for the use of the funds.*

*Please attach the grant summary to the first page of the grant proposal.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name