



PRE APPROVAL FORM

Request for HTPA/HTWF Grant Funding for

SERVICE TO THE MILITARY

Requirements	for	grant	approva	l:
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- 1) Pre-approval at least 2 weeks prior to event
- 2) Banner, poster or another public manner easily represents HTWF and HTPA at event
- 3) Receipts required

Date:

- 4) Photos submitted with receipts for public use in newsletters/reports PHOTOS are strongly encouraged; these help us visually spread the HTPA/HTWF/HTP message. PUT a disclaimer in your Consent form at the event for photos, and get your volunteers to sign as well.
- 5) Mileage report submitted with map-quest (or other map application) for reimbursement for fuel

The following information is required BEFORE your event, and can be simply e-mailed to: info@htprofessionalassociation.com IF you do not get a reply in 3 working days, please call the HTP office at: 210-497-5529

Name of Applicant:
E-mail contact of Applicant:
Date of Event:
Estimated amount to be requested:
Funding Request is for: (brief description of event):





Grant Application Form for Healing Touch Service to the Military Events Healing Touch Worldwide Foundation Designated Fund for HTPA

(Funds must be used for service to the Military)

The following information is required BEFORE your event, - and after Pre-Approval, and can be simply e-mailed to: <a href="mailed-to:one-mailed-to-one-maile

Pre-approve was granted on: Date of this Application: Name of Applicant and Crede HT level completed: Phone: E-mail	`		
HTPA Member: (circle)	Yes	No	
Event/Project Name:		Da	ate of Event/Project:
Brief Description of Service I	Event:		
Brief Description of Healing	Touch Ser	vices to be off	ered:
Estimated Total Funds Reque (Receipts must be included/at			
Estimated Itemize Funds requ	iest:		
Training:	. Τ	Travel:	
Parking:		Gas/fuel:	Mileage:
Meal/food:	()ther·	





The following information is required within 30 days of your event and required to get your funding

Post HT Service to the Military Report form

You can be simply e-mail this report and info@htprofessionalassociation.com IF you do not get a reply in 3 working da PHOTOS STRONGLY REQUESTE	ays, please call the HTP office	e at: 210-497-5529			
Event/Project Name: Current Date: Date of Event:	-1111 1				
Only ONE check will be sent					
Event/Project Location: Name of person receiving reimburse Address (check sent here) E-mail: Phone:	ement:				
Number of Volunteers Participating: Number Receiving HT Service:					
Summary of Project Experience (inspiration, frustrations, case studies) – this information CAN AND MAY BE USED for publication by HTP/HTPA/HTWF					
Total Funds Requested: \$(Receipts must be included/attached for all reimbursements) Itemize Funds request:					
Training:	Travel:				
Parking:	Gas/fuel:	_ Mileage:			
Meal/food:	Other:	<u> </u>			
Signature of Applicant:					