



2025 FHCF GRANT APPLICATION

EXECUTIVE SUMMARY

Date Submitted: _____ Amount of Request: _____

Name of Organization: _____

Organization Supervisor Name and Title: _____

Mailing Address for Grant Payments: _____

City: _____ State: TX _____ ZIP: _____

Phone: _____ E-mail: _____

FID#: _____ Years in Operation: _____

Purpose of Organization: (200 word limit)

Describe the specific purpose for which Flow Health Care Foundation, Inc. funds will be used. Estimate the number of individuals reached or service provided by your program (Do not exceed (500 word limit)):



2025 FHCF GRANT APPLICATION

Executive Summary (Continued)

Estimate the reach of the proposed program.

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Number of Individuals or Service That Will be Provided

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

Will the total amount of the Flow Grant be used by Dec. 31, 2025? __Yes__No