



Eastern Synod Mission Grant Reporting Form

Organization and Contact Person

Organization Name	
Contact Person's Name	
Address	
Preferred Phone Number	
Preferred Email Address	

Project Category	Compassionate Justice	
	Short Term Mission Grant	
	Long Term Partnership	

Project Description

Project Name	
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**Did your project meet its objectives or expected results as identified in the application?
Please explain.**

Financial

Reconciliation of Project Funds	Budget	Actual
Funding Received from Eastern Synod Mission Committee	\$	\$
List Actual Expenditures:		
Total Expenditures		
Subtract Total Expenditures from Total Revenues		
Difference		

Partnerships

Did you receive funding for this project from other sources?	Yes		No	
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If yes, indicate organization and amount of funding that was received.

Name of Organization	Budget	Actual

Did you receive support for the project in other ways (volunteer hours, donations in kind, facilities, etc?)

Description	Budget	Amount

Lessons Learned

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Other Comments.

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Authorized Signature		Date	
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Please submit final report to Synod office by September 15th of the project year.