



# Eastern Synod Mission Grant Reporting Form

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

<b>Project Category</b>	Compassionate Justice	
	Short Term Mission Grant	
	Long Term Partnership	

Project Name	
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**Interim Report:**

If you are applying for funding in the next calendar year.

**Final Report:**

If your project is now completed.

**Did your project meet its objectives or expected results as identified in the application?**

**Please explain.**

**Financial**

<b>Reconciliation of Project Funds</b>	<b>Budget</b>	<b>Actual</b>
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.

<b>Name of Organization</b>	<b>Budget</b>	<b>Actual</b>

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

<b>Description</b>	<b>Budget</b>	<b>Amount</b>

**What have you learned from your experience? What reshaping do you need to do because of what you've learned?**

**Other Comments. Please include photos, videos or resources that help tell the story.**

Authorized Signature		Date	
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**Please submit a final report to Synod office when the initiative is completed or at the latest by January 31st of the year after the project year. If a continuation funding application is being submitted, an interim report must be submitted by the final Friday in September of the project year (along with that application).**