



ELCIC/ Eastern Synod Mission Grant Reporting Form

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

Project Name	
Project Year	

Interim Report:	Final Report:   If your project is now completed.		
Is your project now completed? Yes	Νο		
If no; will you be applying for funding next year? Yes	No		
In your communications about the project, was the pa recognized/identified? Yes No [	rtnership with our national church		

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	Yes	No	
sources?			

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

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

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).