



Eastern Synod Mission Grant Reporting Form

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 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

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

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).