Section 1:

PENN WEST CONFERENCE OF THE UNITED CHURCH OF CHRIST

Urban

GRANTEE'S FINAL REPORT

Name of Project:

To be completed by applicant – one report for each grant received.

Please be as complete, thorough, and accurate as possible.

Keep your responses concise and focused on the project.

PROJECT/PROGRAM TITLE and BREIF DESCRIPTION: AMOUNT AWARDED: CONGREGATION NAME: PERSON COMPLETING REPORT: ADDRESS: CITY: STATE: ZIP: PHONE: EMAIL: FAX: ORGANIZATION WEB ADDRESS:

Area of Service: Rural Suburban

UCC ASSOCIATION in which this organization is located:

Total Number of Membership:

Average Number in Worship:

Award Category for this report (check):

Reaching Out/ Amount Awarded \$
Strengthening the Church/Amount Awarded \$
Operational/Amount Awarded \$

Did you use the funds awarded as described in your grant application? YES NO If not please indicate why.

Were you able to complete the project as originally planned? YES	NO
If not, please identify any changes, adaptions or incomplete parts of the p	roject that remains.
Were all the funds awarded spent on the project as originally planned? If not please indicate why.	YES NO
Are you returning any unspent funds to the Mission Grants Committee	e? YES NO
If so, please indicate the amount being returned with this report.	J. 120 HO
PLEASE STATE CONCISELY YOUR RESPONSE TO THE FOLLOWING:	
HOW DID THESE FUNDS BENEFIT YOUR MINISTRY AND, BY EXTENS	
MINISTRY OF THE PENN WEST CONFERENCE AND THE UNITED CHU	

WERE THE PRIMARY GOALS AND OBJECTIVES OF YOUR PROPOSAL ACHIEVED?
DESCRIBE THE IMPACT OF THE COMPLETION OF THIS PROJECT ON YOUR CONGREGATION, COMMUNITY OR REGION.
PROJECT/PROGRAM BUDGET: Please complete the attached FINALBUDGET indicating all project/program costs and funding sources used in completing this project.
Check the Cover Letter for due date
Penn West Conference of the United Church of Christ
Attn.: Mission Grants Committee 312 S. Maple Ave., Suite PWC Greensburg, PA 15601 Fax: 724-834-0324 Email: office@pennwest.org Phone: 724-834-0344