

Lutheran Legacy Endowment Fund GRANT SIX MONTH REPORT

A Fund of the Southern Ohio Synod

REPORT DUE: December 15 of the year the Grant Award is received.

Report Date: _____

Name of Congregation: _____ Conference: _____

Address: _____ City: _____ OHIO

Contact Person: _____ Phone: _____

Contact's email address: _____

Pastor's Name _____

Quick Facts	Amount Requested	Budget for Project/ Program	Estimate # of People to be Served	Estimate # of Volunteers to be involved	Other Quantitative Data	Other Quantitative Data
Projections	\$	\$				
	SOS Grant Award	Budget Expended to Date	# of People to be Served	Total # of Volunteers Involved		
Six Month Actual	\$	\$				

1.	What were your expectations for the 6 month period in the grant? How have you met or exceeded these expectations?
2.	Have you addressed any unforeseen bumps in the road or challenges? If so, how?

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3.	Is there anything you need to change to meet your goals by the end of the grant period? Is there any way the SOS can help with this endeavor?
4.	Are there any special joys to celebrate? (Pictures, testimonials, newspaper articles, etc.)

**Please Return Six Month Report by December 15 in the year you received the Grant Award.
Include pictures or additional pages if you would like.**