

The Northeastern Pennsylvania Synod  
Evangelical Lutheran Church in America  
2354 Grove Road  
Allentown PA 18109-3044

**WITNESS AND SERVICE TEAM GRANT FINAL EVALUATION FORM**

Organizational/Group Name

Contact Person

Address

Telephone Number

Tax Identification Number (if not a  
congregation)

**Synodical Priority:**      **We will Renew Our Passion for sharing the Good News**

**Outcomes:**

Work to ensure that populations that may be ignored or excluded hear the Good News

Provide a forum for moral deliberation and advocacy on issues of justice

Challenge and support congregations in their engagement with their local communities for witness, outreach and social ministry

Help congregations to participate in and share responsibility for ministry on a level beyond their local settings

Encourage and assist congregations to be intentionally inviting, welcoming and hospitable

*Please check the outcome(s) your project was hoping to address*

**GRANT OUTCOME:**

A. Project description:

Empty box for project description.

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**EVALUATION:**

What did you hope your project would achieve and in what ways (if any) were you successful?

In what ways (if any) did you fail to achieve what you hoped to accomplish? What did you learn despite this?

One of the ongoing needs we have is to help congregations recognize what is accomplished because of the funds that they provide through their Mission Support contributions to the Synod. Please provide objective data, such as numbers served, progress achieved, etc.

Who would be a good contact for pictures of your project? NAME \_\_\_\_\_

CONTACT INFO \_\_\_\_\_

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**FAITH FORMATION**

1. Where did you see God working through your program?

2. Write an account illustrating how God used your program to affect someone.

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**WHAT HAVE YOU LEARNED**

We hope that we can share good ideas for ministry and also learn from one another's efforts. To help the Witness and Service team in these efforts:

1. What have you learned that might help another congregation or group, if they wanted to do a project similar to yours? Include both things that should be done and mistakes that should be avoided.

2. What help are you willing to offer to another congregation or group if they want to do a project like yours?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A duly authorized officer or representative of the organization or group must sign and date the final report.**

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## WITNESS AND SERVICE TEAM GRANT FINAL EVALUATION REPORT

### INSTRUCTIONS

**Page 1**

**Synodical Priority and Outcomes**

Check the outcome(s) your project was designed to address.

**Grant Outcome**

Give a brief description of the project(s) for which you received a grant.

**Pages 2&3**

**Evaluation**

This page provides an evaluation of your project. We want to know, in light of your goals/objectives for the program, what worked and what did not.

We also are looking for help in helping people recognize what was accomplished through the dollars they provide for the work of the wider church beyond their congregation.

Personal stories are particularly helpful. Make whatever changes are necessary to protect the privacy of those people whose stories you tell.

**Page 4**

**What have you learned**

Our goal is to be a church that is constantly learning how to be more faithful and effective in carrying out the ministry to which God calls us. Please share with us what you have learned so that we can share those learnings with others.

We also appreciate your willingness to help others as they seek to develop their ministries.

**Please return this evaluation within 30 days of the completion of your project.**

Mail your final evaluation report to:

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