



Annual Report

Year: _____

This annual report: must be submitted during the first quarter of each year with information covering the previous calendar year in order for your organization to maintain affiliation with the Seventh-day Adventist Church. The official submission must be made to:

North American Division Adventist Community Services
12501 Old Columbia Pike, Silver Spring, MD 20904

Copies of the official report must also be sent to the conference ACS director, members of your board and the pastor(s) of any sponsoring church(es).

This report is submitted for:

- _____ An Adventist Community Services Center
- _____ An Adventist Disaster Response team
- _____ An Inner City Program
- _____ A Van Ministry or other health screening program
- _____ A food pantry
- _____ A clothing program
- _____ A community garden program
- _____ A church-based community service program
- _____ Other: _____

(PLEASE PRINT OR TYPE)

Name of Organization: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ Fax Number: _____ Home Phone: _____

Director: _____ Email Address: _____

Sponsoring Church(es) _____

A. Program Statistics

Total clients served _____
 Referrals made to other agencies _____
 Cash value of food dispensed _____
 Cash grants made _____
 Cash value of vouchers dispensed _____
 Counseling Sessions _____
 Household items dispensed _____
 Items of clothing dispensed _____
 Items of bedding dispensed _____
 Items of furniture dispensed _____
 Job placements made _____
 Pieces of literature dispensed _____
 Number of toys gifted _____
 Other: _____
 Other: _____

Bible classes/study groups offered _____
 Total persons enrolled during year _____
 Family life education classes offered _____
 Total persons enrolled during year _____
 Health screenings or operation van days _____
 Total persons screened _____
 Health classes offered _____
 Total persons enrolled during year _____
 Job training classes offered _____
 Total persons enrolled during year _____
 Tutoring programs sponsored _____
 Total persons enrolled during year _____
 Total active volunteers _____
 Total volunteer hours in year _____
 Other classes offered _____
 Total persons enrolled during year _____

B. Operations

1. What is the regular schedule your center or program is open to the public?

Days of the week: _____

Hours each day: _____

2. Is an intake interview conducted with each client?

Yes No

3. Do intake workers have access to a current human resources community directory?

Yes No

4. Are case records kept on file?

Yes No

5. Percentage of clients served this year received follow-up visit/phone call? _____%

6. To which agencies do you make referrals?

7. From which agencies does your center or program receive regular referrals?

C. Programs & Services

Which of the following types of programs have been offered to the public during the year covered by this report? *(Circle each one which was offered.)*

Adopt a Grandparent	Health Screenings	Toy Day
Adult Day Care	Home Nursing	Transportation Assistance
Advocacy Services	Homeless Shelter	Traveler's Assistance
Alcohol Program	Homemaker Services	Tutoring Program
African Orphanage	Immigration Assistance	Vegetable Supper Club Class
Animal Ministry	Information/Mentoring	Videos (educational)
Baby Care Class	Job-finding Service	Vision Clinic
Bible Study Group	Job Training Program	Weight Control Program
Big Brother/Sister	Layettes	
Blind Camp	Legal Aid	
Branch Sabbath School	Literacy Program	
Bread Ministry	Literature Rack	
Chaplain(s)	Market Day Program	
Child Care	Marriage Seminar	
Children's Camp	Meals on Wheels	
Children's Story Hour	Medical/Dental Clinic	
Clothing/Bedding Program	Migrant Ministry	
Cooking Classes	Mission Trip (Sponsored)	
Community Surveys	Newcomer Ministry	
Counseling Services	Nursing Home Visitations	
Craft Classes	Operation Overcoat	
Day Camp	Operation Paintbrush	
Deaf Services Classes	Parenting Seminar	
Disaster Response	Phone Friend Program	
Divorce Recovery Seminar	Preparing for Baby Class	
Domestic Violence Program	Prison Ministry	
Door-to-door contacts	Refugee Resettlement	
Drug Abuse Programs	Residential Facility Visitation	
Families of Prisoners	School Fruit Fundraiser	
Family Camp	Self-help Group(s)	
Family Counseling	Senior Citizen Group	
Family Life Workshop	Senior Citizen Lunches	
Field Trips for children	Sewing/Knitting Classes	
Field Trips for seniors	Shoebox Gift Ministry	
Financial Counseling	Shoes for Little Shavers	
Financial Seminars	Shoes for the Shoeless	
First Aid Class	Soup Kitchen	
Food Pantry	Stop-smoking Program	
Food Distribution	Street Ministry	
Foster Parents	Stress Seminar	
Foster Grandparents	Suicide Prevention	
Furniture Bank	Support Group	
Grief Recovery Seminar	Tax Assistance	
Handicapped Services	Teen Run-away Shelter	
Harvest Festival	Thrift Store	

D. Physical Plant

1. What type of facility is your headquarters office (or primary location) where you are open to the public as a community organization? *(Check one of the following answers)*

- We use rooms that we share with other departments and programs in a church building
- We have a storage closet in a church building, but no office or meeting room of our own
- We use community meeting rooms in non-church facilities
- We have a mobile unit of our own
- We operate from the home of the director or some other volunteer
- Our office is located in the church, but without a separate entrance of our own
- Our office is located in the church, with a separate entrance
- We have a building of our own, attached to a church building
- We have a building of our own, detached from the church, but on the same lot
- We have a building of our own across the street from a church building
- We have a building of our own a block or more from an Adventist church building
- Other: _____

- 2. Is there a sign visible from the street identifying your office? Yes No
- 3. Are the hours posted and visible from outside the building? Yes No
- 4. Does your office have its own phone listed in the name of ACS or your agency? Yes No
- 5. Is there a separate, private office for intake interviews? *(Circle correct answer)* Yes No
- 6. Is there a waiting room area for clients waiting for an intake interview? Yes No
- 7. Does the director have a permanent office? Yes No
- 8. Is there a meeting room for classes and groups? Yes No
If so, what is the seating capacity? _____
- 9. How much storage space is available to you? _____ Square feet
- 10. Does your program own any vehicles? Yes No
If so, please check the vehicles you have on the following list:
 Automobile Step van Truck Semi trailer
 Small van RV Semi tractor

E. Administration and Finance

- 1. How many times did the operating board meet in the year? _____
- 2. Financial statement for the year: *(If you have a prepared statement, simply attach to the report)*

Income		Expenditures	
Local church subsidies	\$ _____	Rent or mortgage	\$ _____
Donations by church members	_____	Utilities	_____
Conference subsidies	_____	Phone and Office Supplies	_____
Inner City Program grant	_____	Equipment and repairs	_____
Donations from non-members	_____	Client supplies & cash assistance given	_____
Grants and contracts	_____	Program supplies and costs	_____
Other	_____	Other	_____
Total	_____	Total	_____

**F. Additional Ministries, Programs, Seminars, Activities Unreported Under
Previous Sections**

(Please include statistics where applicable)