



## Providence Fund Grant Final Report

Church Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_ Date of Report \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grant Amount Awarded \_\_\_\_\_ Total Cost to Attend \_\_\_\_\_

**Grant Purpose:** To provide financial assistance for a delegate to attend the Annual Meeting & Conference

**Outcomes:** On a separate page, please describe the following:

1. The name(s) of the delegate(s) who attended the Annual Meeting & Conference
2. The dates the delegate attended
3. Any expected and unexpected benefits resulting from attending the meeting
4. How the funding did or did not meet your expectations

Please mail the completed report by July 30 to:

NACCC  
Church Services Coordinator  
PO Box 288  
Oak Creek, WI 53154

THANK YOU!  
414-856-1614 | lwright@nacc.org