



NORTHEASTERN CONFERENCE OF SEVENTH DAY ADVENTIST
Adventist Community Services



Quarterly Report

Name of Church: _____ Size of Membership: _____

Address: _____

ACS Leaders' Name: _____ Cell: _____ E-mail: _____

Pastor's Name: _____ Cell: _____

Report Period: _____

*** Reports are due no later than the 10th of the new quarter. A copy of the same report is to be submitted to your church Pastor and a separate copy to the Church Board. Failure to submit regular quarterly reports may jeopardize the ministry***.

Personnel		Number of Persons		
ACS Committee				
Volunteers				
SDA Volunteers				
None SDA Volunteers				
Paid Staff				
Active Services	No. of days in Operations	No. of persons served weekly	Total No. of Persons Served	Estimated Value of Service
Food Pantry				
Soup Kitchen				
Clothing Distribution				
Ministry to Sick				
GED Classes				
Computer Classes				
Exercise Projects				
Furniture				
Home Acquisition Seminars				
Health Screening				
Health Care				
Finance Counseling & Debt Repair				
Counseling				
Cooking Classes				
Referrals to other Agencies				
Rent Assistance				
Utilities Assistance				
Literature Distribution				
Bible Studies				
Other				
Other				

