

Southeastern Conference



Adventist Community Services Church Operation Report Form

Report Date ____/____/____

____ 1st Qtr. ____ 2nd Qtr. ____ 3rd Qtr. ____ 4th Qtr.

Please mail ACS Reports to Southeastern Conference/ACS 1701 Robie Avenue Mt. Dora FL 32757 or email scanned copy to: Commservice@secsda.org

Church/ACS Center _____
Address _____ City: _____

State: _____ Zip Code: _____

ACS Leader/Director: _____

Telephone: _____ Fax: _____ Email: _____

Current Pastor _____

This report is submitted for the following activity: (please check the appropriate box)

____ Local Church Ministries	____ Inner City/Community Dev
____ Adventist Community Services Agency	____ Crisis Care
____ Adventist Disaster Response	____ Youth Empowered Serve (YES)
____ Medical/Dental Clinic	____ Tutoring/ Mentoring
____ Other* (i.e. Special Sabbath Outreach) _____	

Additional copies of the Quarterly Report should be sent to your Pastor(s), Personal Ministries Leader, and or District ACS President and a copy for your files.

Do you provide services other than at the church/center: ____ Yes ____ No

If yes,

Where? _____

When? _____

ACS OPERATION REPORT FORM (CONT'D)

1. What is the regular schedule your center, program or church is open to the public? Days of the week _____ Hours each day _____
2. Is an intake interview completed with each client? ____ Yes ____ No
3. Do the intake workers have access to a copy of the current human resources directory for your community? ____ Yes ____ No
4. Are case records kept on file? ____ Yes ____ No If yes, under lock & key?
5. What percentage of the clients served in the year received a follow-up visit or telephone call? _____%
6. To what agencies do you make referrals? _____

7. Which agencies make regular referrals to your center or program? _____

Additional Comments:

8. How many times did the ACS Board or Staff meet this year? _____

9. Please share what your income for operating looks like thus far:

Monthly income \$ _____ (Not church subsidy)
Special Donations \$ _____
Grants of Grant Contracts \$ _____
Church subsidies \$ _____ (Monthly ____ or Annually ____)

10. Which of the following program is your ACS ministry currently operating?

Food Pantry / Distribution ____	Clothing Distribution ____
Program for Homeless or Home bound ____	Literacy Program ____
Mental Health Counseling ____	Immigration Info Services ____
Community Tutoring ____	Refugee Ministry ____
Youth Mentoring ____	Other _____
Parenting Help Classes ____	

11. Has your ACS Ministry compiled a Human Resource Directory for your community? _____

12. Is an ACS Disaster Coordinator a part of your local Staff? _____

13. Does your local church have a Disaster Response Team? _____

14. **Program Statistics update:**

Total clients served ____
Referrals made to other agencies ____
Job placements made ____
Items of clothing dispensed ____
Bible Study enrollments ____
Total active volunteers ____
Total Volunteer hours ____
Health Screenings ____
Health Classing ____

Bible Studies Requested ____
Community Organization Partnerships ____
(Partnership names:_____

15. Total amount a funds requesting with this Report: \$ _____
(**NOTE:** Please attach with this request a general **BUDGET** of how these funds will be used)

16. The funds requested are for what ACS Ministry? _____

General Information:

ACS Leader's Name (Prints): _____

Cell# _____ Email: _____

ACS Leader's Signature: _____ Date: _____

Current Pastor's Name (Print): _____

Pastor's Signature: _____ Date: _____



"Meeting Needs, Sowing Seeds, and Reaping a Harvest for Christ"