## Association of Hawaiian Evangelical Churches Nā Lima Hō'ike "E" A Funding Program for Local Hawaiian Churches

## FINAL REPORT

Church's Name:	Date Filing Report:	
Church's Physical Address:		
Church's Mailing Address:		
Church's Phone No.:	Church's Fax No.:	
Contact Person (Person completing this Final Rep	ort):	
Name:	Church Position/Title:	
Email:	Phone number:	
Additional Contact Person: (Optional)		
Name:	Church Position/Title:	
Email:	Phone number:	
GUIDELINES:		
<ul> <li>be attached.</li> <li>Any unused funds from the grant must be ref made payable to AHEC, with notation: "Nā Li with original signatures, along with copies of AHEC/Hawaii Conference UCC, ATTN: Christin within thirty (30) days after completion of the</li> </ul>	d until all Final Reports from previous grants have been	
<ol> <li>Airline Payment Summary showing payment and flight info must be submitted.</li> <li>Hotel/place of lodging payment receipts received at checkout must be turned in – not hotel confirmations.</li> <li>Registration Fees – confirmation of payment (e.g., Copy of church/individual's check showing payment or email confirmation showing online payment made)</li> <li>Meals – submit full receipt for any meals not covered by the event/program. Gratuity may be included ONLY</li> </ol>		
if it was part of the bill.		
Event/Program Date(s):	Date of Grant Application:	
Location of Event/Program:		
Number of Church members attended this event,	/program:	
1. Was the Objective/Purpose (as stated in Gran	nt Application) fulfilled through this event/program?	

YES:\_\_\_\_\_NO:\_\_\_\_\_SOMEWHAT:\_\_\_\_\_

Brief comment/opinion(optional)	omment/opinion(o	ptional)	:
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- 2. Briefly share the highlight of the program?\_\_\_\_\_
- If available, please attach photos, news clippings, church newsletter, or anything else that demonstrated the success of the event/program. Would the church be willing to share with other churches successes and/or challenges encountered?
- 4. Other Comments: (Optional) \_\_\_\_\_
- 5. Final Financial Accounting: Please list and submit copies of <u>ALL RECEIPTS</u> for the final actual Income and Expenses.

FINAL ACTUAL INCOME RECECEIVED	FINAL ACTUAL EXPENSES	
Contributions/Donations:	Air Travel:	
Church's Contribution:	Ground Travel:	
NLHE Grant:	Hotel:	
Other Income/Grant:	Registration:	
	Other Expenses (list):	
TOTAL INCOME RECEIVED:	TOTAL EXPENSES:	

IF TOTAL INCOME IS MORE THAN **TOTAL EXPENSES**, A REFUND IS DUE TO AHEC.

- Please write AMOUTN OF REFUND \$\_\_\_\_\_\_
   Make check payable to AHEC, with notation: Nā Lima Hō'ike 'E' Refund." See #1(d) of guidelines where to mail check.
- 7. Was the estimated budget accurate? If not, why?\_\_\_\_\_

Mahalo for submitting this Final Report. The Nā Lima Hō'ike E Committee prayed for this Event/Program and hopes that God's mission was accomplished through this Event/Program and God's church. Pōmaika'i ke Akua pū.

As the authorized agent for the Church, I verify that this Final Report is true and accurate to the best of my knowledge.

Print Name	_Position/Title:
Signature	Date

COMMITTEE USE ONLY

Reviewed by NLHE Committee Date Accepted:\_\_\_\_\_

Signature of NLHE Committee Chairperson: