

**Annual Report 2019**

*Please submit a copy of this annual report by* ***March 31, 2020*** *with information*

*covering the previous calendar year. Make this submission to:*

**Texas Adventist Community Services, PO Box 35, Keene, TX 76009 or**

 **E-mail to** **acs@txsda.org****.**

Please send copies of this official report to members of your board, the pastor of the sponsoring church, we will send a copy of your report to the North American Division Adventist Community Services. If you are sending in a Reversion Request form, this form MUST be sent with it in order to receive your Reversion funds.

**This report is submitted for a/an:**

|  |  |
| --- | --- |
| [ ]  Adventist Community Services Center | [ ]  Mentoring & Tutoring Program |
| [ ]  Adventist Disaster Response Team | [ ]  Youth Empower to Serve (YES) |
| [ ]  Inner City Program | [ ]  Food Pantry |
| [ ]  Van Ministry / or Health Screening Program | [ ]  Dorcas Society |
| [ ]  ACS Disaster Response Operation | [ ]  Church-Based Community Service Program |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Sponsoring Church |  |
| Address |  |
| City |  | State |  | Zip Code |  |
| Telephone |  | Fax Number |  |
| Director |  | E-mail |  |
| Name of Organization *(If applicable)* |  |

1. **Program Statistics**

|  |  |  |  |
| --- | --- | --- | --- |
| Total clients served |  | Total active volunteers |  |
| Referrals to other agencies |  |  | Total volunteer hours in year |  |
| Job placements made |  | Days of van operation |  |
| Cash value, food dispersed | $ |  | Total persons screened |  |
| Cash grants made | $ | Health classes offered |  |
| Cash value of vouchers dispensed | $ |  | Total enrollment during year |  |
| # of clothing dispersed |  | Family life education classes |  |
| # of bedding dispersed |  |  | Total enrollment during year |  |
| # of furniture dispersed |  | Job training classes offered |  |
| Literature distributed |  |  | Total enrollment during year |  |
| Bible study enrollments |  | Tutoring programs offered |  |
| Family counseling sessions |  |  | Total enrollment during year |  |
| Other: |  | Bible studies offered |  |
|  |  |  | Total enrollment during year |  |
| Other: |  | Other classes offered |  |
|  |  |  | Total enrollment during year |  |

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

Day(s) of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is an intake interview conducted with each client? [ ] Yes [ ] No
2. Do the intake workers have access to a copy of the current human [ ] Yes [ ] No

resources directory for your community?

1. Are case records kept on file? [ ] Yes [ ] No
2. What percentage of the clients served received a follow-up visit or phone call? \_\_\_\_\_\_\_\_\_\_\_%
3. Which agencies do you make referrals to?
4. Which agencies make regular referrals to your center or program?
5. **Program & Services**
6. Which of the following types of programs have been offered to the public during the year covered by this report?

|  |  |  |
| --- | --- | --- |
| [ ] Adopt a grandparent | [ ] Drug abuse prevention | [ ] Parenting seminar |
| [ ] Adult day care | [ ] Family camp | [ ] Phone-a-Friend program |
| [ ] Advocacy services | [ ] Family counseling | [ ] Prison ministry |
| [ ] Alcohol program  | [ ] Family finance seminar | [ ] Senior citizen group |
| [ ] Bible study groups | [ ] Financial counseling | [ ] Senior citizen lunches |
| [ ] Branch Sabbath School | [ ] Food pantry | [ ] Sewing classes |
| [ ] Camping for children | [ ] Food distribution | [ ] Soup kitchen |
| [ ] Child care | [ ] Grief recovery seminar | [ ] Stop-smoking program |
| [ ] Clothing/bedding program | [ ] Health appraisals | [ ] Street ministry |
| [ ] Community surveys | [ ] Home nursing | [ ] Stress seminar |
| [ ] Cooking school | [ ] Homeless shelter | [ ] Suicide prevention |
| [ ] Counseling services | [ ] Literacy program | [ ] Support group |
| [ ] Day camp | [ ] Literature rack | [ ] Thrift store |
| [ ] Dental clinic | [ ] Marriage seminar | [ ] Transportation assistance |
| [ ] Disaster Response | [ ] Meals on wheels | [ ] Traveler’s assistance |
| [ ] Divorce recovery seminar | [ ] Medical clinic | [ ] Tutoring program |
| [ ] Domestic violence program | [ ] Newcomer ministry | [ ] Weight control program |

1. Please list other programs, services, classes, group, etc. that you offered during the year which is not mentioned in the list above (*use back of page*). Please attach any clippings, brochures or other documents that will help to record significant things accomplished during the year.
2. **Physical Plant**
3. What type of facility is the place your headquarters office or the 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  |
|[ ]  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 our own building, attached to a church building |
|[ ]  We have our own building, detached from church, but on same lot |
|[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Is there a sign visible from the street identifying your office [ ] Yes [ ] No
2. Are the hours posted and visible from outside the building? [ ] Yes [ ] No
3. Does your office have a phone listed in the name of ACS or your agency? [ ] Yes [ ] No
4. Is there a separate/private office for intake interviews? [ ] Yes [ ] No
5. Is there a waiting room area for clients waiting for intake interview? [ ] Yes [ ] No
6. Does the director have a permanent office? [ ] Yes [ ] No
7. Is there a meeting room for classes and groups? Seating capacity\_\_\_\_\_\_? [ ] Yes [ ] No
8. How much storage space do you have use of? \_\_\_\_\_\_\_\_ square feet?
9. Does your program own any vehicle? [ ] Yes [ ] No

*If so, please check the vehicle(s) you have.*

[ ] Automobile [ ] Step Van [ ] Truck [ ] Semi-trailer

[ ] Small Van [ ] RV [ ] Semi-tractor

1. **Administration and Finance**
2. How many times did the operating board meet this year? \_\_\_\_\_\_\_\_\_\_\_\_
3. Financial statement for the year. *(If you have a prepared financial statement, you may simply attach it to this 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 | $ |