

**ELIM MISSIONS / SPRINGS CHARITIES
PROJECT REPORT & MONITORING FORM**

PROJECT PROPONENTS

Elim Branch/Startup/Cluster	
Project Coordinator / Liaison	
Email Address	
Contact Information	

PROJECT DESCRIPTION

Project Title	
Concept (Description)	
Timetable	
Project Location (Address)	
Funding (Sources/Requests)	
Project Status	

Submitted By _____ Date Submitted _____

*Please email this accomplished form together with photo/video documentation to:
mars.catan@springscharities.org*