



MINISTRY ACTIVITY STATEMENT OF IMPACT

Contact: _____ Email: _____ Telephone #: _____

Ministry Name: _____ Activity: _____

Goal of Activity: _____

IMPACT STATEMENTS *(Complete all that apply)*

Achieved our goal

People helped by _____ Number helped _____

We fed people during our event _____

Resource(s) provided **during** event _____
Number receiving resources _____

Resource(s) provided **after** event _____
Number receiving resources _____

Instructions given on how to _____
Number of people instructed _____

Number of Young Adults mentored _____
Student retention increased by _____%
Gave insight about _____

Number of youth/people tutored _____
Subject(s) tutored _____

Hope given by _____
Number of people given hope _____

During event number of people _____ were able to _____

Number of people _____ now has the opportunity/access to _____

because of our event



We connected _____ people to _____

We raised \$ _____ by _____
for the purpose of _____

We received _____ for our service during this event

We provided _____
as a service to _____
for the purpose of _____

Number of events sponsored _____ which increased participation in community outreach by _____ %

Other: _____

