STATE/DIOCESE REPORT BLANK

INTERNATIONAL SUNDAY SCHOOL ASSOCIATION
Church of our Lord Jesus Christ of the Apostolic Faith, Inc.

Sister Dolores Griffith, International Superintendent

FOR OFFICE USE ONLY
Date Turned In: _____
Complete Rpt? ☐ Yes ☐ No

Date:_____

State/Diocese:_____

State/Diocese Superintendent:_____ Phone No.:_____
(please add area code and number)

Address:

_____

State/Diocese Bishop:_____ Phone No.:_____
(please add area code and number)

Address:_____

(**Note:** A "reporting period" extends from the first Sunday in August to the last Sunday in July of the following year)

No. of schools in State/Diocese _____ No. of Officers _____ No. of schools visited this reporting period_____

No. of State/Diocese meetings this reporting period_____ Dates of State/Diocese meetings_____

Avg. attendance of schools_____ No. of scholars baptized in schools_____No. received Holy Spirit_____

Is training or workshops provided for officers, teachers and/or other personeel in State/Diocese? ☐Yes ☐No
(If yes, please elaborate on the nature of the training or workshops in your Activity Report)

Have you implemented Superintending by Objectives (SBO) in your State/Diocese? ☐Yes ☐No
(If yes, how would you evaluate the effectiveness of SBO in your area?) ☐good ☐fair ☐poor

(SPECIAL NOTE: Please do not forget to submit an up-to-date mailing list of local schools and superintendents and at least 3written goals/objectives for the new year.)

Financial Report

Amount of offering taken in this previous report period _____

Amount of offering taken in this reporting period _____

Amount of monies spent this reporting period _____

Balance in treasury _____

Representation to the Association **($15.00 minimum)** _____

International Superintendent's Love Offering **($15.00 minimum)** _____

Ten percent **(10%)** paid to International Body _____

Ten percent **(10%)** now reporting at this Convention _____
(NOTE: Ten percent (10%) grand total should equal 10% of offering taken in this report period)

Other monies submitted this reporting period (Please specify_____) _____

Total amount of monies submitted with this report _____

Please submit three copies of this report including your activity report on a separate sheet.

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Check	Date	Amount	Cash	Date	Amount	M/O	Date	Amount