

Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Report Date Period: \_\_\_\_\_ to \_\_\_\_\_ E-mail: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Anticipated Local Matching Fund Amount: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Ministry Address: \_\_\_\_\_

**Approval of Associational Missions Strategist**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information must be completed in full in order to be considered for assistance  
If the answer is zero, please indicate with a "0" in the box below each description statistic. **Incomplete forms will be returned.**

**FOOD MINISTRY STATISTICS**

Hot Meals Provided	Lunch Bags Distributed	Individuals Fed Through Grocery Items	Other (Explain)	Total Fed This Period

Evangelistic Encounters	Professions of Faith	Baptisms	Volunteers Serving	Volunteers Trained in Evangelism

Please provide ministry description and list any/all ministry/church partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed** forms may be mailed/e-mailed to:

Hubert Yates  
Mississippi Baptist Convention Board  
PO Box 530  
Jackson, MS 39205-0530  
hyates@mbcb.org

