

**Mississippi Baptist Convention Board
2026 Hunger Fund Request**

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

