

# HUNGER FUNDS

## Monthly Report Form

**Church and Community Ministries Program,  
Baptist General Convention of Oklahoma**

THIS REPORT *MUST BE FILLED IN EVERY MONTH* AND SENT TO THE ADDRESS  
BELOW BY THE 5<sup>TH</sup> DAY OF THE MONTH *BEFORE* HUNGER FUNDS WILL BE  
SENT TO YOUR CHURCH OR ASSOCIATION.

Church Name \_\_\_\_\_ Date \_\_\_\_\_  
Month Reporting \_\_\_\_\_

Association \_\_\_\_\_

Coordinator's Name \_\_\_\_\_ Email \_\_\_\_\_  
Church Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

Church Address \_\_\_\_\_  
\_\_\_\_\_

### Summary Report (for previous hunger funds)

**Date last hunger funds were received** \_\_\_\_\_

**Amount requested with this report** \_\_\_\_\_  
(only one request each quarter will be considered)

|                                       |  |
|---------------------------------------|--|
| 1. Funds remaining since last report: |  |
| 2. Funds received since last report:  |  |
| 3. Total funds available (add 1 & 2): |  |
| 4. Funds on hand as of this date:     |  |

(all blanks should be filled in even if the number is 0 so we can keep accurate records for NAMB)

**Method of distribution:** \_\_\_\_\_

Number of **families** assisted \_\_\_\_\_ Number of **individuals** assisted \_\_\_\_\_

Number of **volunteers** utilized \_\_\_\_\_ Number of **new volunteers** trained in evangelism \_\_\_\_\_

Number of **professions of faith** as a result of hunger ministry \_\_\_\_\_

Number of **re-dedications** as a result of hunger ministry \_\_\_\_\_ \***Baptisms** \_\_\_\_\_

(please do not put 'many' in any category—we need numbers to justify our funds from NAMB)

Please return Hunger Funds Monthly Report form to:  
Paul E. Bettis, Chaplaincy Office, Baptist General Convention of Oklahoma,  
3800 North May Avenue, Oklahoma City, OK 73112-6506 or

FAX: 405-516-4939, PHONE: 405-942-3000. ext. 4326, Email [crobinson@bgco.org](mailto:crobinson@bgco.org)