



Community Ministry Report

Dallas Baptist Association
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Month/Year covered by this report: _____ / _____

Name of Church or Ministry: _____

Person Submitting Report: _____

Fax: _____ Email: _____

Amount of Ministry Grant Funds Used: _____

Ministry Provided	Number (monthly)
Medical Care	
Dental Care	
Tutoring	
Health Literacy	
ESL, Adult Reading, or GED	
Life Skills	
Job Readiness	
Addiction Recovery	
Biblical Counseling	
Mentoring	
Bible Study	
Shelter	
Other:	

Number of Professions of Faith: _____

Number of Baptisms: _____

Other Decisions: _____

Church Referrals: _____

Number of Persons receiving a Bible or tract: _____

Praise/Prayer Note: Please share a blessing or concern for your ministry: