



FIRST MEMORIAL
BAPTIST CHURCH

FMBC Benevolence Guidelines

Benevolence Fund

The benevolence fund of First Memorial Baptist Church is established with the purpose of meeting people's basic needs, during times of distress. It has no budget for either income or expense. Its receipts consist entirely of designated giving, and its expenses consist of funds disbursed at the direction of the Benevolence Committee.

Types of Assistance

Short-Term Financial: Short-term financial assistance shall consist of payment of specific bills to the applicable vendor. For accountability's sake, no checks or cash shall be given directly to the requestor without approval from the Benevolence Committee and Senior Pastor.

Emergency Assistance: All requests for emergency assistance must be first investigated, verified, and validated by committee members. Emergency assistance may take the form of automobile repair, bill payment, purchase of groceries, or other tangible means as allowed by the committee with consensus from the Pastor.

The help we provide is primarily for housing and utilities. Items such as cell phones, pagers, and cable are not considered necessities. We cannot spend more than \$300.00 on one applicant (individual or family) in a 12 month period.

Disbursement

1. The benevolence fund is intended as a source of last resort, to be used when a family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. It is intended to be a temporary help during a time of crisis.
2. Assistance from the benevolence fund is intended to be a one-time gift. In unusual circumstances, the Benevolence Committee may decide to help more than once. But under no circumstance is a gift from the benevolence fund to be considered a loan. No gift may be repaid, either in part or in full, in money, or in labor.
3. If the recipient desires to give to the church at a later time, this individual should be encouraged to give directly to the general fund of the church.
4. Those requesting assistance must also be willing to receive financial, family, or spiritual counseling. The Benevolence Committee will not provide help to anyone who, in its estimation, will have negative or irresponsible behavior reinforced by receiving financial assistance.
5. Those requesting help must be willing to give the committee permission to follow up on any of the information provided to the committee.

Basic Qualifications for Recipients

1. We offer help to members of First Memorial Baptist Church. We do not provide help to transients or homeless people who are not members of First Memorial Baptist Church,

through the benevolence ministry. Rather, we refer them to local ministries that are designed to help meet the special needs of the transient or homeless. They may also be assisted through our planned missions and evangelism outreach.

2. Any church member seeking assistance must be in good standing, in regular attendance and regularly support the church through tithes and offerings.

Disbursement Criteria

The stated purpose of the benevolence fund is to meet peoples' basic needs, such as:

1. Lodging
2. Food
3. Utility expenses
4. Medical treatment
5. Funeral expenses

Needs that may not be met by the benevolence fund include:

1. Cell phones, pagers, cable, cosmetic needs, such as; hair, nails and make-up
2. School expenses, business investments, or anything that brings financial profit to the person or family
3. Paying off credit cards
4. Needs of individuals who are wanted by the law or for paying fines as a result of breaking the law
5. Housing for unmarried couples
6. Legal fees
7. Penalties relating to late payments or irresponsible actions
8. Private school fees or tuition
9. Business ventures or investments

Benevolence Request Process

Source of Request

A Request for Assistance Application must be filled out by the person requesting help or by someone who is assisting the person in need.

Processing the Request

1. The Request for Assistance application is returned to the Chairman of the Finance Committee in preparation for presentation to the Benevolence Committee. The process takes approximately one week.
2. The committee shall select at least one member to appropriately investigate and verify each request. The information shall be brought back to the committee in a timely manner for assessment and validation.
3. In a meeting or by a telephone conference, the committee reviews the request and comes to a decision.
4. The person making the request is informed of the decision by the Benevolence Committee.
5. Checks are written and disbursed. As much as possible, checks from the fund will be payable directly to vendors rather than to the individual requesting assistance. Additional information may be requested by the committee.

Guidelines and Limitations

1. All cases are handled in confidence.
2. Each applicant's request is reviewed by a committee. It is during this review process that need is verified and amount of assistance is determined. No funds are issued on the same day as the request is made.
3. We require applicants to comply with all directions and instructions that the Benevolence Committee gives them, or they forfeit their opportunity for assistance.
4. We keep records (on file in the Church office) for all completed cases.
5. Applicants will be required to go through budget counseling provided by First Memorial Baptist Church, if the verification process has revealed a chronic budgeting problem rather than an isolated need.
6. Members may receive assistance one time in a 12 month period. There is a limit to the level of assistance provided to each household. The benevolence committee will govern the amount of assistance offered according to the limit at time of application.

FMBC Request for Assistance Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Are you a member of First Memorial Baptist Church? (Please circle one)

Yes

No

Please fill in the blank by the area for which you are requesting assistance:

Power (Electric) \$ _____ Name of Company: _____

Natural Gas/Propane \$ _____ Name of Company: _____

Fuel Oil \$ _____ Name of Company: _____

Food \$ _____

Medicine \$ _____

Medical \$ _____

Rent/Mortgage \$ _____ Payable to: _____

Other _____ Name _____

If you are applying for assistance for a utility (electric, gas, fuel oil), please write your account number below: (We will forward check directly to utility company.)

Sign Here: _____ Date: _____

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References:

Name _____ Phone _____

Name _____ Phone _____

For Office Use Only:

Application Completed -

Yes

No

Amount - \$ _____ Date Assistance Request Fulfilled - _____

Assistance Given -

Yes

No

Committee Member: _____