

BENEVOLENCE POLICY
Benevolence Policy and Procedures

BETHESDA BAPTIST CHURCH
Carrollton, Georgia

BENEVOLENCE POLICY

Establishment of Fund

Bethesda Baptist Church, in exercise of its religious purposes, has established the benevolence fund to assist persons in financial need. The church welcomes contributions to the fund. The administration of the fund, including all disbursements, is subject to the control and discretion of the benevolence committee or church. The committee may consider recommendations from anyone, but in no event is the committee bound in any way to honor those recommendations. Donors will not be permitted to recover a contribution on the grounds that the committee failed to honor the donor's recommendation.

Terms of Fund

Bethesda Baptist Church recognizes that planning for future needs is a practice of good stewardship and has established this fund as an ongoing fund. Should at any time in the future the church vote to close this fund, all the money in the fund at that time will go into the general budget of the church.

Records of Assistance

The benevolence committee records the required IRS documentation for benevolence requests. The following documentation for benevolence requests will be recorded for accurate record keeping:

- A complete description of the assistance
- The purpose for which the aid was given
- The church or benevolence committee's objective criteria for disbursing assistance under the benevolence fund
- How the recipients were selected
- The name, address, and amount distributed to each recipient
- Any relationship between a recipient and officers, directors, or key employees or substantial contributors to the Church.

Protocol for Assistance Selection

Applicants for financial assistance are awarded financial assistance based on financial need. Applicants are not granted financial assistance based on relationships between the applicant and church leaders or significant church contributors. The church does not discriminate applicants based upon race, color, sex, national origin, age, or disability. However, the church reserves the right to discriminate based on religion.

Types of Assistance Offered

The church may provide short-term (Emergency) assistance and longer-term aid to ensure that victims have the basic necessities such as food, clothing, housing, transportation, and medical assistance (Including psychological counseling). The preferred method of providing assistance will be to pay the applicant's need directly to a business provider. The type of aid that is appropriate depends on the individual's needs and available resources. Bethesda Baptist Church currently only offers assistance with utility bills to applicants who have residence in Carroll

County, GA. A maximum assistance of \$100.00, if approved, is paid directly to the utility company by a member of the benevolence committee.

Additional Documentation:

All applicants are required to fill out a Benevolence Application (See page 5 & 6). In conjunction to this, all applications are to have a Benevolence Conclusive form filed for additional information on the benevolence case (See page 7).

Benevolence Application

This form must be filled out as completely as possible.

Date: _____

Applicant Name: _____ Phone # _____

Physical Address: _____ APT # _____ AGE: _____

City and State: _____ Zip: _____ County: _____

Is the mailing address the same as above? _____ If no, please give the mailing address below:

Where do you go to Church?

What kind of assistance do you need? (Please explain)

Are you willing to allow a counselor to help you set up a budget? _____

Have you been helped by Bethesda Baptist Church before? _____ If Yes, When? _____

Are you seeking help from another organization? _____ If Yes, Who? _____

Your occupation: _____

If you are not working, please explain:

Your present or last place of employment: _____

Employer's Phone # _____

Employer's Address: _____ City and State: _____

Are there any other adults living in your household? _____ If Yes, Who?

Name: _____ Relationship to You: _____

Age: _____ Place of Employment: _____

Employer's Address: _____ City and State: _____

Employer's Phone # _____

Any Others?

Children living in your household:

Name: Relationship to you: Age: School Grade:

I declare that to the best of my knowledge the above information is true and I understand that Bethesda Baptist Church has the right to verify the information above

Applicant Signature: _____ Date: _____

-Office Use Only-

Notes:

Committee Signature: _____ Date: _____

Committee Signature: _____ Date: _____

Benevolence Conclusive Form

Today's Date: _____ Completed By: _____

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Brief Description of assistance provided by the church: _____

Reason the assistance was granted: _____

Cost of the assistance: _____

Relationship to church members or church leaders: _____

If the applicant was related, did the applicant receive special treatment? _____

Benevolence Ministry Members: _____

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