Purpose of this Document

- Establish and outline an objective, unbiased process for the evaluation of requests for assistance from the Benevolent Fund.
- Provide written eligibility requirements and criteria for receiving assistance from the Benevolent Fund.
- Describe the request, approval and disbursement process.

Oversight and Accountability

- The policies and guidelines set forth in this Benevolence Fund Policy shall be guided and directed by Biblical principles.
- The Deacons, under the oversight of the Pastor, shall have responsibility for overseeing the administration of the Benevolent Fund and the Biblical stewardship of the money held therein.
- The anonymity of anyone requesting assistance will be preserved with the exception of the Pastor, the Chair of Deacons and Deacon responsible for the Benevolent Fund. Exceptions may apply if there are concerns beyond finances.
- The Deacons shall determine who will receive disbursements from the Benevolent Fund, in what amount, and for what duration (if applicable).
- The Deacons shall give an accounting on request to the Council of all contributions to and disbursements from the Benevolent Fund.

Source of Funding

- The Benevolent Fund shall receive income from the receipt of special contributions by individuals and/or families wishing to make a donation to the Fund via Benevolent collections.
- In order to comply with IRS regulations concerning charitable contributions, all gifts to the Benevolent Fund must be unconditional and without personal benefit to the donor.
- Contributions to the Benevolent Fund may not be earmarked or otherwise designated for particular purposes or recipients. The leadership of Faith Community Church may choose, at its discretion, to decline certain contributions that are designated or earmarked.
- Donors making contributions to the Benevolent Fund subject to these conditions may be able to deduct their contributions if they itemize deductions on the federal income tax return. The leadership of Faith Community Church recommends that donors consult their tax advisor or CPA concerning the appropriate tax treatment of contributions they make to the Fund.
Recipients of Assistance - In order of priority, recipients of assistance shall be:

1. Members of Faith Community Church
2. Regular attendees of Faith Community Church
3. Members of the community

Intended Purpose and Limits of Assistance

The stated purpose of the Benevolent Fund is to minister to individuals or families during a time of hardship or crisis by temporarily assisting them with their basic needs.

Depending on the circumstances and if the request is for $500 or greater, assistance will also include financial counseling, training in household budgeting and/or debt management, or other financial education that would help the individual or family avoid potential hardships or crises in the future.

Generally, assistance from the Benevolent Fund is intended to cover an individual’s or family’s basic needs. The Benevolent Fund is not designed or funded to support multiple requests from a single individual or family. More than one annual request, or multiple requests over time will be considered at the discretion of the Deacons.

Needs that may not be met by the Benevolent Fund include:

- Business investments, debts or anything that brings financial profit to the individual or family
- Paying off credit cards. Exceptions can be made when an individual has had to use a credit card in a crisis or emergency (e.g., hospitalization, death, etc.)
- Individuals who are wanted by the law or for paying fines as a result of breaking the law
- Legal fees arising from criminal behavior
- Gambling debts
- Penalties relating to late payments or irresponsible actions
- School tuition or fees

Guidelines for Disbursement

The Benevolent Fund is intended as a source of last resort, to be used when the individual or family requesting assistance has explored all other possibilities of assistance from appropriate sources (i.e., family, savings, investments, etc). It is intended to be a means of assistance during the time of a crisis or other hardship.

Disbursements from the Benevolent Fund may not be made in the form of a loan.

Those requesting assistance must be willing to receive financial, family, or other appropriate Biblical counseling. The Deacons will not provide help to anyone who, in their estimation, will have negative or irresponsible behavior reinforced by the financial assistance.

Those requesting help must be willing to grant the Deacons permission to follow up on any of the information provided to them. The Deacons will be sensitive to confidentiality issues.

---

1 This list is not intended to be exhaustive; instead, it is intended to provide general guidelines in determining the type of expenses not covered by benevolent assistance.
All disbursements from the Benevolent Fund shall be made directly to the party or entity to whom payment is due and not in the form of cash given directly to the individual or family requesting assistance (e.g., if assistance with rent or a mortgage payment is needed, payment shall be made directly to the individual or family’s landlord or mortgage holder).

**Application and Approval Process**

Individuals or families seeking assistance from the Benevolent Fund shall follow the steps below:

1. Obtain and submit an Application for Assistance from the Faith Community Church Benevolent Fund (along with all supporting documentation).
2. Complete interview(s) and/or appropriate counseling with the Deacons.
3. Provide all additional documents and information requested by the Deacons.

Review and approval of the Application, as well as communication of the amount and form of assistance, shall be done by the Deacons at the earliest possible date. Deacons generally meet twice a month, and ample time should be afforded for requests to be considered.
APPLICANT INFORMATION:

Name: _______________________________________________________________

Address: _______________________________________________________________

City, State, Zip: _________________________________________________________

Telephone: ____________________ Email ___________________________________

STATEMENT OF NEED:

Amount of financial assistance requested: _________________________________

What circumstances have created your need? _______________________________

_____________________________________________________________________

_____________________________________________________________________

DURATION OF NEED:

How long will you need assistance? _________________________________

How frequently will you need assistance? _________________________________

DETAILS OF NEED:

Have you received assistance from this fund before? _______________________

If YES, please indicate dates and amounts of assistance: _____________________

_____________________________________________________________________

Will you attend Church sponsored financial training? _______________________

If this request is for $500 or more, please continue to Page 2.
SUMMARY OF FINANCIAL STATUS:

1. Household Monthly Income: ________________________________

2. What is the value of your total current assets not including any living necessities such as a house, vehicle medical equipment or household furnishings?
   - Cash/Checking Accounts: ____________________________
   - Savings Accounts: _________________________________
   - CD’s: __________________________________________
   - Investments: _________________________________
   - Other Assets: ________________________________

3. What is the value of your current outstanding debts?
   - Cash/Checking Accounts: ____________________________
   - Savings Accounts: _________________________________
   - CD’s: __________________________________________
   - Investments: _________________________________
   - Other Assets: ________________________________

4. What options are available to you for support/assistance?
   __________________________________________________
   __________________________________________________
   __________________________________________________

5. What type of assistance, if any, do you currently receive?
   __________________________________________________
   __________________________________________________
   __________________________________________________

6. What other information would you like to communicate to the Deacons for consideration? (Please attach additional sheets or documentation as appropriate.)
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________