

Adult Mission Fund - Grants

Mission Support Team – Grant Request

Background

The Mission Support Team is primarily made up of lay people who meet to evaluate, review and recommend in order to provide opportunities for Rejoice congregants to give their time to the Lord through work-related service missions.

It is also a Mission Support Team responsibility to ensure the effective stewardship of funds collected and deposited to the Missions Fund at Rejoice.

This document provides a process that is to be followed when requests for monetary disbursements (grants) are made from the Missions Fund.

Eligibility

Applicant must be an active participant in the Rejoice congregation but not necessarily a member.

Applicant must themselves be directly engaged in delivering the work-related services to the mission.

Application Procedure

Requests for grants shall be submitted in writing to the Mission Support Team. The Mission Support Team will forward a copy of all requests to the Rejoice business office for information and the Church Council for approval. Requests must include:

- Description of Mission and Applicant's role in the mission that includes any personal financial commitment to the mission.
- Specific programs or items to be funded by the grant request.
- Dollar amount of grant requested and timing of any required disbursements.
- Requests must be made at least 60 days in advance of the date that funds are required, to allow sufficient time for the approval process.
- Requests shall be considered confidential.

Approval Process

The Mission Support Team typically meets monthly and will consider any open applications at each meeting.

The Team will evaluate the following particulars of each request:

- Mission details to ensure that it aligns with Rejoice's goals.
- Specific programs or items to be funded by the grant request.
- Dollar amount of grant requested.

Depending on the availability of funds at any given time:

- The number of grants approved may vary
- Special conditions may be made for the grant. For example, the grant may be made on the condition that the recipient raises a matching amount.

Each application will be reviewed with a Church Council Member for approval.

Disbursing of Funds

Successful applicants will be notified in writing of the amount and timing of any grant.

The Rejoice business manager will send a check or arrange reimbursement for each approved grant to the designated recipient.

Accountability

The recipient is to

- submit an application (see short form attached).
- provide an acknowledgment of receipt of funds.
- give an accounting of expenditures of funds, including copies of all receipts for purchases made and fees paid.
- provide a report on the activities undertaken in support of the mission receiving the grant. This should be in a form that could be published to the wider Rejoice congregation.

Application for Grant from Mission Fund

Name of Applicant											
Address											
Phone											
Email											
Describe the mission to be funded											
Amount being requested	\$										
Describe what fund raising you have already done or plan to do before you travel (attach a separate sheet as needed).											
List the items for which a grant is being sought:	<table border="0"> <thead> <tr> <th style="text-align: left;"><u>Item</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	<u>Item</u>	<u>Amount</u>
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Sign: Date:											

Mission Support Team and Council Review

Guidelines:

Maximum grant available is a match up to the amount obtained through fund raising, and the total amount will not exceed 25% of trip cost (travel costs and fees).

A maximum of \$100 may be granted towards the cost of supplies, for example, school supplies, medical supplies, etc)

Senior Pastor has additional discretion based upon private discussions he may have with someone regarding financial need.

Special Conditions:	
	
MST Member Name:	
Approved (Sign):	Date:
Council Member Name:	
Approved (Sign):	Date:
Approved Amount:	