

Effective February 1, 2007

Guidelines for the Benevolence Fund

As approved by the Pastor and Executive Board of the Mount Lebanon Baptist Church

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The Mount Lebanon Baptist Church, Incorporated of Baltimore, Maryland (hereafter known as “CHURCH”) has established a benevolence fund to be used to assist church members who are in dire financial need. For the Mount Lebanon family, we affirm that our charge is to provide a holistic ministry, which from time to time may involve using church funds to help a member in need. In an attempt to remove any subjectivism from the process of determining “valid” need, we have prepared the following guidelines. Please review the following guidelines and feel free to contact the CHURCH’s Administrative Office should you have any questions.

A. Benevolence Fund Purpose

The fund is to enable the church to provide financial aid to individuals who are in need on an urgent basis. The fund may not be applicable to all the urgent cases, especially for those who have “other” financial options. The church has the right to disapprove the requester’s request and may consider providing help other than monetary support. The fund will assist with the necessities of life including, but not limited to rent, mortgage, utilities, etc.

B. Eligibility Criterion

All applicants must be a member of the Mount Lebanon Baptist Church for at least one year prior to submitting an application; attend worship services on a regular basis; and support the church financially through regularly giving - tithes and offering.

C. Application Process

The actual application can be picked up from the CHURCH’s Administrative Secretary during normal business hours, which are Monday through Friday, from 10:00 a.m. to 5:00 p.m. The

application can also be downloaded from the church's website at www.mtlebanonbaptist.org. A member may apply for church financial aide no more than three (3) times in one calendar year period, unless he or she has already been awarded help. In those cases, the member can no longer submit an application in that calendar year. Most importantly, a member can only be helped once in any calendar year and the maximum financial award is five hundred dollars (\$500.00) per year.

Once an application has been submitted, the CHURCH's Chairperson of the Trustee Ministry and a panel that he/she convenes will review and decide upon that application within a maximum period of two weeks or ten business days. It is possible that the panel may require additional information in order to make a fair decision. In such cases, the applicant may be asked to come in for an interview prior to a final decision. In ALL cases, the applicant will be required to submit proof of need (e.g., eviction notice, turn off notice, etc.).

Once the review panel has made a decision, he/she will be notified of the panel's decision by e-mail and/or letter. Phone calls will not be used to approve or disapprove the request, as the church requires that it have written proof of its decision and notification to the applicant.

D. Actual Payee If Approved

Should the application be approved, the CHURCH will prepare a CHURCH check payable to the third party agency to which the applicant owes funds. The applicant should be aware that the CHURCH is much less likely to approve any request in which the payee is not to be a third party (e.g., utility company, landlord, or government agency). In ALL cases, the CHURCH reserves the right to award an amount less than the amount requested.

E. Availability of CHURCH Funds

The CHURCH budgets six thousand dollars (\$ 6,000.00) per year for the benevolence fund. All applicants are considered on a first come, first served basis and as funds are available. Even though the CHURCH budgets \$ 6,000.00 per year for the benevolence fund, it is under no obligation to spend these funds in their totality every year, but if these funds are exhausted the CHURCH can not provide any additional funds no matter how valid the need may be.

F. Hold Harmless/Liability Release Clause

The CHURCH, its Pastor, Officers, Agents, Employees and Members are hereby released, forever discharged, and held harmless from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, requester hereby agrees to hold harmless and indemnify said CHURCH, its Pastor, Officers, Agents, Employees and Members for any financial liability sustained by said acts of the aforementioned CHURCH parties.

******* SIGNATURES *******

I have read and understand the aforementioned CHURCH guidelines and policies. My signature constitutes my agreement to abide by them.

Signature _____

Print Name _____ Date _____

Address _____

City, State and Zip Code _____

Telephone # _____ E-mail address _____

CHURCH Representative _____

Mount Lebanon Baptist Church

(The Church with the Family Atmosphere)

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Baltimore, Maryland 21215

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Benevolence Fund Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

E-mail Address _____

Own Rent Other _____

Social Security # _____ Spouse's SS # _____

Employment _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Employment Income (net) _____ Weekly Bi-Weekly Monthly

(Proof of income required)

Single Married Separated Widowed

Number of persons in household _____

Spouse's Name _____

Spouse's Employment _____

Children's Names _____

Children's Ages _____

Needs: Food Shelter Rent / Mortgage Utilities Medical Emergencies

Other (Explain) _____

Deadline: _____ Amount Needed: \$ _____

Have you been helped previously by this Church? Yes No

What did you receive? When? _____

Have you applied elsewhere for this need? _____

1. Are you a consistent tither for this Church? Yes No

2. How long have you been a member of this Church? _____

Doctor's Name _____ Phone (_____) _____

(If requesting medical help)

Landlord's Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Monthly average cost: Mortgage/Rent \$ _____ Auto \$ _____ Electric \$ _____

Water \$ _____ Phone \$ _____ Medical \$ _____ Gas/Oil \$ _____

Other (Explain) _____ \$ _____

If you are requesting a bill payment, please supply the following information:

Company Name _____ Phone (_____) _____

Contact Person _____ Address _____

City _____ State _____ Zip _____

Account # _____ Total Amt. Due \$ _____ Amt. Required \$ _____

Invoice of statement from agency owed

LIST TWO FAMILY REFERENCES

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____
Occupation _____ Phone (_____) _____

Name _____
Address _____
Relationship _____
City _____ State _____ Zip _____
Occupation _____ Phone (_____) _____

OTHER SOURCES WILLING TO ASSIST WITH THIS NEED:

Name _____ Phone _____ Amount \$ _____
Name _____ Phone _____ Amount \$ _____
Name _____ Phone _____ Amount \$ _____

Signature _____ Date _____