

# EXCEEDING GRACE CHRISTIAN CENTER FINANCIAL ASSISTANCE POLICIES, PROCEDURES AND APPLICATION

At **EXCEEDING GRACE CHRISTIAN CENTER (EGCC)**, we recognize that, at times, individuals face circumstances that seriously decrease or even deplete financial resources. According to **Acts 2:44-45**, the local church has a mandate in such matters.

*“And all the believers met together constantly and shared everything they had.  
They sold their possessions and shared the proceeds with those in need.”*

Therefore, EGCC policies and procedures ensure that such assistance is available to our members and is not abused.

## KEY GUIDELINES FOR BENEVOLENCE ASSISTANCE AT EGCC

*But whoso bath this world's good, and seeth his brother have need, and shutteth up his bowels of compassion from him, how dwelleth the love of God in him? My little children, let us not love in word, neither in tongue; but in deed and in truth. (1 John 3:17-18)*

*And the multitude of them that believed were of one heart and of one soul: neither said any of them that ought of the things which he possessed was his own; but they had all things common. (Acts 4:32)*

**WHO CAN BE HELPED?** EGCC's Benevolence procedures and policy exist to glorify Christ by tangibly sharing His love with members of our congregation. Benevolence assistance will be considered for members who meet the requirements when it is determined that the member is genuinely *“in need.”*

## BENEVOLENCE COMMITTEE

The Benevolence Committee is a subcommittee of the EGCC Deacons Ministry. It has been modeled after Acts 6:1-6 where the Apostles appointed seven men from the congregation to minister to those with needs.

This policy sets forth the Benevolence Committee's responsibilities and guidelines. It is not intended to cover all circumstances under which funds may be approved, adjusted, or denied. The Benevolence Committee is responsible and accountable for the Benevolence Fund and the Biblical stewardship of the money held therein.

The Benevolence Committee shall determine who receives disbursements from the Benevolence Fund, in what amount, and for what purpose. The Pastor has full authority to alter the Committee's policy or decision.

## CONFIDENTIALITY

The Benevolence Committee member(s) will be apprised of the need for extreme confidentiality when dealing with the personal issues of the needy. All matters will remain within the confines of the Deacons Ministry. However, committee members may divulge personal information to appropriate outside individuals, such as the Pastor or specific financial, family, or spiritual counselors, when it is in the best interest of the applicant(s).

## ELIGIBILITY REQUIREMENTS:

Benevolence assistance is available to the members of **EXCEEDING GRACE CHRISTIAN CENTER** who:

1. **Have completed EGCC's Membership Orientation** as instructed in **Proverbs 4:7** - *“...And with all your getting, get understanding.”*
2. **Are faithful in church attendance/participation** as commanded in **Hebrews 10:24,25** - *Think of ways to encourage one another to outbursts of love and good deeds. **And let us not neglect our meeting together, as some people do...***
3. **Are faithful in financial support** of the church as commanded in **Malachi 3:10**. *Bring all the tithes into the storehouse **so there will be enough provision** in my Temple. If you do, says the LORD Almighty, “I will open the windows of heaven for you. I will pour out a blessing so great you won't have enough room to take it in! Try it! Let me prove it to you!”*

Exceeding Grace Christian Center does not provide monetary assistance to individuals who are not church members. These individuals should seek assistance from other local agencies. Available agencies include but are not limited to:

# EXCEEDING GRACE CHRISTIAN CENTER FINANCIAL ASSISTANCE POLICIES, PROCEDURES AND APPLICATION

- 211
- American Red Cross (727) 898-3111
- Catholic Charities Diocese of St. Petersburg, Inc. (727) 893-1314
- Daystar Life Center (727) 825-0442
- Lutheran Services Florida (727) 325-5851
- Pinellas County Urban League (727) 327-2081
- The Salvation Army (727) 550-8080

## BENEVOLENT PROCESS

An individual member or family seeking benevolent assistance should take the following steps to request assistance.

1. Complete the Benevolence Request Form below. Applications must have all supporting documents to be accepted.
2. Members must seek assistance independently rather than sending other members in their place.
3. The committee will review the application within five (5) business days after receipt. During the review process, the committee may seek to contact utility companies, landlords, or others to verify the request.
4. Members must have explored all possibilities for assistance from family, friends, savings, or investments to resolve their case before seeking benevolent assistance from the church (due to limited available funds). EGCC Benevolence Fund assistance is a secondary resource. The Benevolence Committee verifies “the need” and the assistance EGCC will provide. **No funds are issued on the same day as the request is submitted.**
5. Applicants are required to comply expeditiously with all directions and instructions given by the Benevolence Committee, or they will forfeit assistance. Checks will be made payable to the vendor(s) on behalf of the member. Checks will NOT be made payable to members or to “*cash*.”
  - a. If an applicant has a portion of the payment, that portion will be given to the Benevolence Committee, and a check for the approved amount will be made payable to the vendor.
  - b. Additional assistance from other agencies must be verified
6. Records will be kept for all benevolent cases and handled confidentially.

Generally, the Benevolence Fund cannot provide assistance to a recipient or household in excess of a maximum amount within a 12-month period. The Benevolence Fund Committee will govern the amount of assistance offered according to the limit at the time of application.

Disbursements from the Benevolence Fund may not be made as loans. Under no circumstance is a disbursement from the Benevolence Fund to be considered a loan. No disbursement may be repaid in whole or in part, in money or labor.

## BENEVOLENCE NEED CATEGORIES

The stated purpose of the benevolence fund is to assist with members’ needs. Needs that will be considered for assistance include, but are not limited to:

- Electric (up to \$300)
- Food (gift card \$100/individual, \$250/family)
- Mortgages or Rent (up to \$1,000)
- Utilities (lights, gas, water) (up to \$150)
- Other (unique situation), Medical Treatment, Housing

Although not all-inclusive, below is a list of some needs that the Benevolence Fund may not meet:

- Automobile maintenance or payments
- Business ventures or investments and other non-essentials **ARE NOT** qualified items.

## EXCEEDING GRACE CHRISTIAN CENTER FINANCIAL ASSISTANCE POLICIES, PROCEDURES AND APPLICATION

- Credit Card payment
- Housing for unmarried couples
- Legal fees
- Needs of individuals who are wanted by the law or for paying fines due to breaking the law.
- Penalties relating to late payments or irresponsible actions
- Repasts (Catering after a funeral)
- School expenses (i.e., tuition or fees)
- Telephone bills, cell phones

### DISBURSEMENT

The benevolence fund for Exceeding Grace Christian Center is intended to be a source of last resort, to be used when an individual or family requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. The benevolence fund is intended to be a temporary help during a crisis. Assistance from the benevolence fund is designed to be a one-time gift. In unusual circumstances, the Benevolence Committee may decide to help more than once.

### PROCEDURE FOR OBTAINING FINANCIAL ASSISTANCE

- 1) Complete the Financial Assistance application (*Complete the obtain a form from the Finance Ministry*) along with a *photocopy of the bill or payment coupon.*
- 2) If the request is approved, a check will be made payable to the payee listed on the payment coupon. Those requesting assistance must be willing to receive financial, family, or spiritual counseling if deemed necessary. The Benevolence Committee will not assist anyone who, in its estimation, will have negative or irresponsible behavior reinforced by receiving financial assistance. Members requesting assistance must give the committee permission to follow up on any information provided to the committee. The Deacons of Exceeding Grace Christian Center affirm these principles and, by God's grace and His glory, commit to be guided by them as we exercise faithful stewardship of the funds entrusted to us to minister and provide benevolence to members in their time of need.

In the event of a repeat application, the applicant **must** complete and submit a personal budget outline (*obtain form from Deacon's Ministry*) for review and recommendations by the Sr. Pastor or Ministry designee.

While not a requirement for every situation, a member requesting assistance may be asked to receive financial counseling.

**EXCEEDING GRACE CHRISTIAN CENTER  
FINANCIAL ASSISTANCE POLICIES, PROCEDURES AND APPLICATION**

**ASSISTANCE REQUEST APPLICATION**

Date: \_\_\_\_\_

**RECIPIENT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Employer/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you completed EXCEEDING GRACE CHRISTIAN CENTER's Membership Orientation? \_\_\_\_\_  
When? \_\_\_\_\_

Based on your gross income, are you a faithful tither (10%)? \_\_\_\_\_

Have you received Christ as your Lord and Savior (If yes, when and how?) \_\_\_\_\_  
\_\_\_\_\_

Have all other resources been exhausted? (i.e. Family, friends, emergency and retirement funds, other assets.) Yes No

Have you received assistance from Exceeding Grace Christian Center in the past 12 months?

No \_\_\_ Yes \_\_\_ (If yes, when and in what area of need?) \_\_\_\_\_

EXPLANATION OF NEED: (Please explain in detail)

Briefly state your current need and what brought it about: \_\_\_\_\_  
\_\_\_\_\_

**PAYEE INFORMATION**

Please list the creditor, bill, and amount in which you are requesting assistance (include full name, address, phone and account#).  
\_\_\_\_\_

**DECLARATION & SIGNATURE**

I declare that I have provided accurate and complete information on this application. I understand that the Benevolence Committee will review my request and that any assistance will go directly to the provider and not to me. I agree to comply with any follow-up or counseling requirements deemed necessary by the Benevolence Committee.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

APPROVED \_\_\_\_\_ APPROVED AMOUNT/ITEM: \_\_\_\_\_

DENIED \_\_\_\_\_ REASON? \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_