

Ministry Initiative Grant

Application Form

Atlantic Baptist Mission Board of the Convention of Atlantic Baptist Churches

Application Criteria

The Atlantic Baptist Mission Board is committed to supporting churches and ministries that evidence concrete plans and specific strategies for obediently moving ahead and reaching their potential for Jesus Christ and his Kingdom. Consequently, applications will only be considered:

1. from churches with a concrete **vision** and **intentional strategy** for one or more of the following:
 - a. the renewal or revitalization of the church's ministry;
 - b. to become a healthy (or healthier) growing church;
 - c. to establish a specific outreach ministry in the community or beyond;
 - d. to reach the immediate community and beyond with the Gospel;
 - e. to establish a point of mission or plant a new church;
 - f. to begin a new ministry initiative or move the ministry of the church in a new direction,
2. if the church making application has a **demonstrable financial need** that must be met if the vision is to be achieved,
3. if the following financial documentation is included:
 - a. Most Current Statement of Receipts and Disbursements (eg., up to September 30th)
 - b. Statement of Receipts and Disbursements for the previous year
 - c. Statement of Assets and Liabilities
 - d. Proposed Budget for the Coming Year (including anticipated receipts)
 - e. Current Statement of Trust Funds and other Investments
4. if the application has been approved by the respective Association and contains their recommendation,
5. if the Regional Minister has been involved in the application process

Note: When completed **two copies** must be sent to your Association Mission Commission (or equivalent) and **one copy** to your Regional Minister. The Association must forward **one copy** to the Atlantic Baptist Mission Board by November 15 and **retain one copy** for their records. It is important that **all** information requested be provided. Otherwise, consideration will be delayed.

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Office Use Only

Ministry Initiative Grant

Application Form

Atlantic Baptist Mission Board of the Convention of Atlantic Baptist Churches

Church or Field Requesting a Grant: _____

Church Mailing Address: _____

Telephone and Fax: _____

E-Mail: _____

Church or Field Treasurer: _____

Treasurer's Mailing Address: _____

Telephone and Fax: _____

E-Mail: _____

Pastor: _____

Pastor's Mailing Address: _____

Telephone and Fax: _____

E-Mail: _____

Amount being requested: _____

Grant requested is for the period of: _____

06/2011

RATIONALE FOR SUPPORT

Please outline below (or on a separate paper or document) the **vision** your church has and the **specific goals** or **strategy** that are in place to help you move toward the vision.

THE VISION

SPECIFIC GOALS AND STRATEGIES

FINANCIAL INFORMATION AND NEED

Please provide (where applicable) the following summary information from your church financial records *(if on a field of churches, please photocopy these pages and provide separate information for each church):*

INCOME	Actual for Past Year	To Date in Current Year	Budget for Next Year
Envelopes	_____	_____	_____
Loose Offering	_____	_____	_____
Other (internal)	_____	_____	_____
Association	_____	_____	_____
Total Church Income	_____	_____	_____
EXPENDITURES	Past Year	Current Year	Next Year
Total Salary Related ¹	_____	_____	_____
Total Building Related ²	_____	_____	_____
Total Ministry Related	_____	_____	_____
United in Mission	_____	_____	_____
Other	_____	_____	_____
Total Expenditures	_____	_____	_____
Surplus (Loss)	_____	_____	_____

CURRENT ACCOUNTS

Please indicate below the current balances of the following accounts:

	Total Balance	Restrictions
Chequing Account(s)	_____	_____
Savings Account(s)	_____	_____
Investment Account(s)	_____	_____

¹Please include the amount paid by the church for annuity, CPP, EI, or group insurance premiums. **Do not include** amounts deducted by the church from the pastor’s salary for these premiums.

²This amount should include expenditures on both the church building and, if applicable, the parsonage.

LOANS AND CHARGE ACCOUNTS

Please indicate below the balances owing on any loans or charge accounts which the church has:

	Balance Owing	Reasons for Loan
Loans Accounts	_____	_____
Charge Accounts	_____	_____
Other	_____	_____

SPECIAL INCOME OR EXPENSES

Please indicate below if (within the next year) you are anticipating any **special income**, or **extra expenses** that are beyond the normal income or operational expenses:

	Estimated Amount	Comments
Income	_____	_____
Expenses	_____	_____

FURTHER INFORMATION

If there is any other information which you believe would assist the Home Mission Board in its deliberations, please indicate below.

SALARY- RELATED COMMITMENTS

The Mission Board is concerned that the pastor of any church being supported by a Ministry Initiative Grant receives a salary that adequately compensates for services being rendered. Please indicate below your church's annual commitments. If any item does not apply in your situation, please mark it "N/A". Report only those amounts which are commitments of the church (eg., do not report what the church deducts from the employee for Annuity, CPP, EI or group insurance premiums).

Salary (exclusive of any amount listed below)	\$ _____
Car Allowance	\$ _____
Parsonage Utilities Expenses:	\$ _____
Fuel \$ _____	
Electricity \$ _____	
Telephone \$ _____	
Pastor's Continuing Education	\$ _____
Book Allowance	\$ _____
Convention Assembly Expense	\$ _____
Group Insurances and Medical/Dental Plan paid by Church	\$ _____
CBM Pension Plan paid by Church	\$ _____
Employer's CPP and EI costs	\$ _____
Other (please specify)	\$ _____
TOTAL	\$ _____

DECLARATION OF CHURCH CLERK(S):

Before this Application is sent to the Association Missions Commission it **must be brought before the church(es)** at a regular or specially-called business meeting. The church, **by vote of those present** at the business meeting, must agree upon the following:

1. The amount of the grant being requested
2. To support the Convention's "United in Mission" Fund.

“As clerk(s) of the applying church(es) I (we) declare that the above matters were discussed and voted upon at a duly called meeting of the church.”

Name _____ Phone _____

Name _____ Phone _____

Date of Church Business Meeting _____

ASSOCIATION RECOMMENDATION

Name of Association _____

Chair of Mission Commission _____

Mailing Address _____

Telephone/Fax/E-mail _____

Please indicate how the Regional Minister participated in your discussion of this grant application:

Attended meeting? ____ Otherwise spoke to issue? ____ Written communication? ____

Recommendation:

We recommend a grant of \$_____ *per annum* be extended to this church(es).

Supporting Comments and/or Remarks: _____

Signature: _____

Date of Mission Commission meeting: _____