



Effective November, 2011

## Policy for the Benevolence Fund

**As approved by the Pastor and Executive Leadership Team of the**

**Cornerstone Baptist Church**

804 SW Regional Airport Rd.

Bentonville, AR 72712

479-464-5050 telephone number – 479-464-5050 fax

[info@cbcbentonville.com](mailto:info@cbcbentonville.com) e-mail

[www.cbcbentonville.com](http://www.cbcbentonville.com) website

The Cornerstone Baptist Church, of Bentonville, Arkansas (hereafter known as “CHURCH”) has established a benevolence fund to be used to assist church members who are in dire financial need. For the Cornerstone 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 Cornerstone Baptist Church for at least one year prior to submitting an application, however extenuating circumstances where the applicant has not been a member for a year will be taken into consideration on a case by case basis; they must 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.cbcbentonville.com](http://www.cbcbentonville.com). A member may apply for church financial aid 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 six hundred dollars (\$600.00) per year.

Once an application has been submitted, the CHURCH's Executive Leadership Team with the counsel of the Financial Team 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 ELTM has made a decision, he/she will be notified of the ELTM's decision by email 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 hundred dollars (\$ 600.00) 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 \$ 600.00 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 cannot 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 \_\_\_\_\_

Cornerstone Baptist Church  
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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? X Yes X No \_\_\_\_\_

What did you receive? When? \_\_\_\_\_

Have you applied elsewhere for this need? \_\_\_\_\_

1. Are you a consistent tither for this Church? X Yes X 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 \_\_\_\_\_