



FIRST BAPTIST CHURCH Statesboro

GUIDELINES FOR LOVE YOUR NEIGHBOR FUNDING REQUESTS

Adopted by Love Your Neighbor Administrative Team April 2024

PURPOSE

To invest financially through community partnerships to share a witness for Christ in our community, seeking to make Bulloch County a better place as we live out the biblical command to love our neighbors as ourselves. These funds are intended to provide aid and support to local agencies whose mission and vision clearly align with the beliefs and principles upon which First Baptist Church Statesboro is founded.

OVERSIGHT

The Team has the responsibility to oversee and manage this budget line item. Through a standardized process, it will process and approve requests and will administer the accountability requirements for approved ministry organizations.

SUBMISSIONS

Requesting organizations will submit funding requests to the Love Your Neighbor Administrative Team. These forms will be available via the church website or from the Church Office. The Team will meet at least quarterly to review requests, determine the appropriateness of each request and notify the requester of its decision. Request forms will be accepted quarterly (by December 15, March 15, June 15, or September 15) to be reviewed the following month. Requesting organizations must agree to provide written follow-up/report regarding the use and disbursement of funds.

DISBURSEMENT OF FUNDS

The Love Your Neighbor Administrative Team will meet at least quarterly to review and approve funding requests. When a decision is reached, the team will provide written approval or denial to both the requester and the Church Office. The Church Office will then be authorized to disburse funds to the approved organization. The Team will include a required reporting form along with the approval letter

REPORTING

The Love Your Neighbor Administrative Team will report to the Church in Conference at least annually a list of approved organizations, funding amounts, and follow-up reports.



FIRST BAPTIST CHURCH
Statesboro

**Love Your Neighbor
Funding Request**

Organization Name _____

Amount Requested _____

USE OF FUNDS / How funds will be used:

Who will benefit/How many impacted _____

Timeline for use of funds _____

ORGANIZATION DESCRIPTION

Organizational leadership/Controlling body _____

Person responsible for administering funds _____

Contact Info/Address _____

Organization Mission/Vision _____

Organizational founding date _____ Tax I.D. Number _____

Organizational primary funding source _____ 501(c)(3): Yes or No

NOTE: Approved organizations must agree to provide follow-up report and documentation regarding use and disbursement of funds.

Church Office Use Only

Request Received Date _____

Committee Action: Approved or Denied Date: _____ Amount Approved: _____

Church Office Notification Date _____ Organization Notification Date _____

Reporting Date for Approval of Funds _____