

CONGREGATIONAL ASSISTANCE REQUEST FORM INSTRUCTIONS

Nevada Baptist Convention

REQUESTING PROCESS

1. Submit a Personnel Information Form (PIF) to the local Association.
2. Submit a Congregational Assistance Request Form to the local Association.
3. Complete the Lifeway Church Planter Assessments.
4. Request a formal assessment by the local Association and local sponsoring church.

A Personnel Information Form (PIF) and a Congregational Assistance Request Form (CAR) must be submitted by the applicant. Funding may be granted following a favorable recommendation of the assessment team and approval of the Nevada Baptist Convention Mission's Committee.

FORM INSTRUCTIONS

ASSOCIATION: Please select from the pull down menu.

MINISTRY OR CHURCH NAME: Legal name of the church.

MINISTRY OR CHURCH LOCATION: Please give address of regular meetings.

PRIMARY PARTNER (IF APPLICABLE): Please name your primary local planting partner.

PERSON RECEIVING FUNDS: Give name of person on the Personnel Information Form.

PERSONNEL INFORMATION FORM (PIF) COMPLETED: Check "Yes" or "No." If "No," please indicate why.

EFFECTIVE DATE: Give the month/year this funding is to start.

AMOUNT REQUESTED MONTHLY: Record here and the NBC/NAMB column below.

ONE-TIME GRANT AMOUNT: If grant, still complete the Funding Strategy below.

CHURCH: Church receiving assistance check. (Ordinarily the local sponsor)

ADDRESS: Mailing address of church receiving the check.

HOW OLD IS THIS MINISTRY? Please give long has this ministry of plant been active.

FUNDING STRATEGY: Please provide your monthly funding strategy including funds from all sources.

PLEASE CHECK "YES" OR "NO" IN THE THREE QUESTIONS ON THE BOTTOM OF PAGE ONE.

PLEASE CHECK ALL STATEMENTS THAT ARE TRUE. Please explain unchecked items.

PLEASE LIST PARTNERING CHURCHES.

Obtain your partnering church and Association recommendations. Email the form to your sponsoring church for their electronic signature. Your sponsoring church will then email the form to your Association, who will forward it to us following their recommendation.

Please contact Donna Campbell with any questions. 775-786-0406 or 877-428-3753 (toll free in Nevada only).

These are the criteria for receiving congregational assistance. Please check all statements that are true.

1. Approved congregation is (* will be) in cooperation with the local association and the Nevada Baptist Convention as evidenced by:
 - Contributions to missions through the Association and Cooperative Program;
 - Returning the Annual Church Profile (ACP);
 - Participating in associational and convention events.

2. Approved congregation has plans in writing which indicate measurable goals in:

Evangelism/Missions	Discipleship/Education	Ministries
Worship/Stewardship	Fellowship	

3. Approved congregation affirms the pastor meets the personnel requirements of the North American Mission Board and Nevada Baptist Convention.
 - Pastor affirms his doctrinal beliefs are consistent with the 2000 Baptist Faith and Message.
 - Pastor and spouse give evidence of managing personal finances responsibly.
 - Pastor and spouse are members of a Southern Baptist Church.
 - Pastor is aware of and is willing to participate in the Church Planting System in Nevada.
 - Pastor or spouse has not been divorced.
 - Pastor or spouse does not practice speaking in tongues (Glossolalia).
 - Pastor or spouse has not consumed alcohol as a beverage in the past 12 months.

3. Approved congregation is part of the associational and Nevada Baptist Convention strategies of starting and strengthening churches.

4. Approved congregation affirms the pastor has medical insurance.

5. Approved congregation affirms the pastor is participating in a valid retirement or annuity plan.

6. Approved congregation has in the pastors' file Form US I-9 (Employment Eligibility Verification) and W-4 (Employee's Withholding Allowance Certificate). (These forms are required.)

8. The Congregational Assistance policies have been reviewed and affirmed by the approved and partnering congregations.

Please provide explanations or comments about any of the above criteria:

Please list partnering church(es).

Signatures of persons verifying criteria have been met:

Representative of Partnering Church:

Date:

Representative of Association:

Date:

Representative of State:

Dates:

Nevada Baptist Convention Missions Committee Use Only			
Funding approved by Missions Committee.	Yes	No	Approved Amount: