

**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 of 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 the 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 30)
  - 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,

**Note:** *When completed, **two copies** must be sent to your Association Mission Commission (or equivalent). 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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**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: \_\_\_\_\_

## **RATIONALE FOR SUPPORT**

Please outline below (or on a separate paper or document) the **vision** your church has and the **specific goals** or **strategies** 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 in a field of churches, please photocopy these pages and provide separate information for each church*):

| <b>INCOME</b>              | <b>Actual for<br/>Past Year</b> | <b>To Date in<br/>Current Year</b> | <b>Budget for<br/>Next Year</b> |
|----------------------------|---------------------------------|------------------------------------|---------------------------------|
| Envelopes                  | _____                           | _____                              | _____                           |
| Loose Offering             | _____                           | _____                              | _____                           |
| Other (internal)           | _____                           | _____                              | _____                           |
| Association                | _____                           | _____                              | _____                           |
| <b>Total Church Income</b> | _____                           | _____                              | _____                           |

| <b>EXPENDITURES</b>                 | <b>Past Year</b> | <b>Current Year</b> | <b>Next Year</b> |
|-------------------------------------|------------------|---------------------|------------------|
| Total Salary Related <sup>1</sup>   | _____            | _____               | _____            |
| Total Building Related <sup>2</sup> | _____            | _____               | _____            |
| Other (internal)                    | _____            | _____               | _____            |
| Association                         | _____            | _____               | _____            |
| <b>Total Church Income</b>          | _____            | _____               | _____            |
| <b>Surplus (Loss)</b>               | _____            | _____               | _____            |

| <b>CURRENT ACCOUNTS</b> |       |       |       |
|-------------------------|-------|-------|-------|
| Chequing Account(s)     | _____ | _____ | _____ |
| Savings Account(s)      | _____ | _____ | _____ |
| Investment Account(s)   | _____ | _____ | _____ |

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<sup>1</sup> Please 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

<sup>2</sup> This 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 Atlantic Baptist Mission Board in its deliberations, please indicate below.

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**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 Insurance 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 Commissions it **must be brought before the church(es)** at a regular 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 \_\_\_\_\_

**Recommendation:**

We recommend a grant of \$\_\_\_\_\_ per annum be extended to this church.

Supporting Comments and/or Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date of Mission Commission meeting: \_\_\_\_\_