



330 South May Street, Southern Pines, NC 28387 p: 910.692.6252
www.brownsonchurch.org

Local Missions: Guidelines for Existing Partner Resource Requests

Priorities and Guidelines for Local Missions requests:

The Local Missions Ministry Team allocates funds given by the congregation to ministries outside of our church community whose objectives are consistent with our church's benevolent objectives...Brownson's "Partners in Mission." It also assists in identifying volunteer opportunities for Brownson members with our Partners in Mission. Local Missions actively encourages and pursues member involvement in these opportunities. Ministry teams may work well in this area.

Priority is given to programs where members of Brownson Memorial Presbyterian Church have demonstrated significant interest and involvement through volunteer hours, financial support or in other ways.

Priorities for Support (financial, human and facilities resources):

- Partners with Christian purposes and outreach
- Partners affording Christian witness to God's love and grace through their programs
 - Partners who are supported by and are a priority of the members of Brownson
 - Partners whose programs leverage resources to reach/impact optimum number of people
- Presbyterian endorsed Partners
- Partners with programs impacting children and youth

Local Missions Resource Request Review Process:

- Requests for support of local outreach ministries should be filed with the Local Missions Ministry Team for consideration. Requests may also be initiated from within the Local Missions Ministry Team.
- All requests are to be made in writing. The primary vehicle to support requests is the "Partner in Mission" Request & Profile Form.
- Requests for funding will be reviewed by the Local Missions Ministry Team using the "Brownson Local Missions Priorities for Support" (see above) as the first step in qualification. If the Request/Partner meets the "Priorities," then further documentation will be reviewed by an assigned Local Missions Ministry Team member(s).
- The assigned Local Missions Ministry Team Member(s) will review the request and make recommendations to the entire ministry team. The Local Missions Ministry

Team will weigh the merits of each request and recommend allocation of resources (financial, human and facilities) for final approval.

- Requests may be further supported by appearances before the Local Missions Ministry Team by anyone advocating for funding.
- If funding is available, miscellaneous requests can be reviewed at any time for consideration during the year.
- For a request to be considered for budget planning and funding, **requests must be received by September 1.**
- Handling of immediate/urgent local missions requests (needing approval prior to the next Ministry Team meeting) may be processed by the Local Missions Chairperson, with the approval of a quorum of Local Missions members, if it is less than \$1000.00. The approved request must be reviewed at the next full Local Missions meeting.

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"Partner in Mission" Resource Request & Profile Form

Purpose: To supply the Local Missions Ministry Team with necessary information to review the requested support of Brownson resources (financial, human and facilities).

Instructions:

- Fill in supporting information as completely as possible. Fields with * are required for one-time Requests and new Partners. Questions requiring additional space to answer can be attached to the form.
- Requests from existing Partners only need to provide the Partner name and detailed information about the latest request and indicate what information is already on file.
- Copy of completed forms will be kept on file at Brownson Church.
- To be considered for funding, forms must be completed annually and returned by September 1 for payment the following year.
- Completed forms and documentation should be sent to the following address:

Brownson Memorial Presbyterian Church

330 South May Street

Southern Pines, NC 28387

Attn: Director of Discipleship & Missions

discipleship@brownsonchurch.org

Date: _____

Submitted by: _____

* *Required fields*

A. FORM TYPE:

- New Partner Request
 Existing Partner Request

B. IDENTIFICATION: Brownson Acct Number 700xxx (if any) _____

1. * Name of Partner Organization _____

*Address _____

*Phone(s) _____ Fax# _____

Website _____

2. *Name of Principal Contact Person _____

*Phone Numbers (work) _____ (other) _____

*Email Address _____

C. DESCRIPTION OF PARTNER

1. *What is the purpose of this request?

a. What has been accomplished? _____

2. *What Area is served? (Geographic) _____

3. *What is the number of people served/affected by the Request/Project?

Elderly _____

Adolescents

Adults _____

Children

Additional Comments: _____

4. Is there a specific Project for which you are requesting funding? _____

5. Are there Volunteer Opportunities for Brownson members with this Request/Partner?

6. *Is the project on-going or one-time? _____

D. FUNDING REQUEST DESCRIPTION

1. *Past Brownson Church funding? (Years and Amounts)

Year _____ Amount \$ _____ Project _____

Year _____ Amount \$ _____ Project _____

2. *Amount of Funds Requested in this packet? _____

3. Up to one page description of how the funds will be used.

Attached: Yes ___ No ___ If No, Described in comments section below

4. Preferred payment schedule

_____ One-time payment _____ Semi-Annual _____ Quarterly

E. NON-FUNDING REQUESTS DESCRIPTION (as needed)

1. *(Check) Facilities Usage ___ Volunteers _____ Other _____

2. *Attach detailed Description of Request (facilities, dates & times, purpose, # of people involved, other numbers, etc.)

F. COMMENTS OR FOLLOW-UP NOTES ON REQUEST/PARTNER (as needed)

1. Comments:

2. Follow-up notes:

