**Eliza Broadus Offering**

**For Office Use Only**

**Date received**

**Date emailed**

**Special Ministry**

**Allocation Request**

**Philosophy Statement**

The Eliza Broadus Offering Philosophy Statement shall be followed in all

situations involving the Eliza Broadus Offering Funds.

*Funds from the offering will be used for ministry/evangelism in Kentucky with persons beyond the in-fellowship work of local churches (specifically with those who are not currently members of any church) or for ministries/events which will provide training or support for ministry/evangelism in Kentucky with persons beyond the in-fellowship work of local churches.*

Adopted April 2013 by Kentucky WMU Executive Board

**Application Instructions and Dates**

**•** This grant request is for Special Ministries that are affiliated with at least one of the following: (1) Kentucky Baptist Convention (KBC), (2) local Baptist Association/Network affiliated with the KBC, or (3) a KBC affiliated church.

• **The grant application process opens September 1 and concludes December 15.** **This application must be completed and postmarked by December 15**. Late applications are disqualified.

• January 2022, the Finance Committee meets to review and approve the 2023-2024 EBO funding requests during their Executive Board Winter Session and will award by April.

• **Returning applicants must complete an accountability form** for consideration for subsequent Special Ministry EBO grants.

• **Priority will be given to funding requests for ministry expenses** such as literature, Bibles, tracts, and other supplies for ministry/evangelism beyond the in-fellowship work of local churches. *EBO Grants can not be applied to salaries, regular bills, or building expenses including maintenance.*

• **Priority will be given to Special Ministries whose sponsor church is affiliated with the Kentucky Baptist Convention and gives to the Eliza Broadus Offering and Cooperative Program.** Check with the church’s financial secretary to include giving information.

• **Each applicant is responsible for securing an endorsement statement and signature** from the AMS/NMS or Associational WMU Director for your local association/network area.

• When filling this application, please include a detailed description of how the money will be used for your special ministry/project/event. Avoid vague language.

• Familiarize yourself with the work of Kentucky WMU and the Eliza Broadus Offering. Speak on behalf of the Eliza Broadus Offering for Kentucky Missions® at churches and associational meetings throughout the year.

• Include on all printed, website, and promotional material the following statement:

**Made possible by your gifts to the Eliza Broadus Offering® for Kentucky Missions**

**SPECIAL MINISTRIES ALLOCATION REQUEST**

Please respond to **each** of the following

Name of Kentucky Baptist Association in which this ministry is located:

Name of person submitting this application: (Person submitting application must be a member of the sponsoring Kentucky Baptist Convention Church)

Sponsoring Church: Association:

Does your church contribute to the Cooperative Program through the KBC? [ ]  Yes [ ]  No

Does your church contribute to the Eliza Broadus Offering? [ ]  Yes [ ]  No

Amount given by your church to EBO last year: $

Contact Information for the Ministry

 Name of Organization:

 Name of Person responsible for ministry supervision:

 Address:

 City, State, Zip:

 Telephone number(s):

 Email address:

 Website:

**The** **ministry must be affiliated with at least one of the following**: Please check appropriate box(es)/explain affiliation.

 [ ]  Kentucky Baptist Convention:

 [ ]  KBC Affiliated Baptist Association:

 [ ]  KBC Affiliated Church:

Ministries that are not affiliated to one of the above are not eligible for consideration.

EBO GRANT Amount requested: $

EBO grant check made payable to:

 (Checks must be made payable to the ministry, church, or association)

Federal Tax Identification Number for this Ministry:

Check is to be mailed: [ ]  Organization address above or

[ ]  Other – Name:

 Street Address, City, State, Zip:

Please continue the grant request on the back.

**SPECIAL MINISTRY PURPOSE AND GOALS** (use additional page if needed)

**What is your ministry objective?**

Click or tap here to enter text.

**Share about the persons you are reaching and how the EBO grant will help you reach these people for the gospel?**

Click or tap here to enter text.

**Share how this ministry furthers missions/evangelism in your association:**

Click or tap here to enter text.

**Share how many people are impacted by this ministry effort and if any salvations were recorded this year:**

Click or tap here to enter text.

**Apart from the EBO Grant, how will this ministry be funded and what expenses do you incur annually?** (Please include a budget for this ministry AND for the organization which will receive the check; these items are required with the application.)

Click or tap here to enter text.

**An ENDORSEMENT IS REQUIRED** from either the Association Missions Strategist (or Moderator) OR the Association WMU Director in which the ministry resides. Applicants can not endorse their own application.

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| --- |
| **Please check: Endorsement provided by:****[ ]  Association Mission Strategist or Moderator****[ ]  Association WMU Director**Please indicate why you endorse this ministry. Use an additional sheet if necessary. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUBMITTING YOUR APPLICATION**

Before you submit your application, please make sure you have the following items included with your application.

**APPLICANT CHECKLIST:**

[ ]  Using current REVISED application (must have current year in footer)

[ ]  Budget for the ministry

[ ]  Budget for the organization which will receive the check (applications without budgets will not be considered)

[ ]  Accountability Form (if not a first-time application) or

[ ]  First time application

[ ]  Financial Giving information for EBO and CP from Sponsor Church

[ ]  Endorsement from Association Missions Strategist or Association WMU Director

**Please return this form and applicable materials to:**

 Kentucky WMU

ATTN: EBO Special Ministries Allocation Request

 13420 Eastpoint Centre Drive

 Louisville, KY 40223

**To confirm receipt** of your application, please contact Denise Gardner at 502.489.3427 or denise.gardner@kybaptist.org.