

# **Baptist Hospital of East Tennessee Medical Missions Fund**

## *Request for Proposals*

### **Creation of Fund**

The Baptist Healthcare System of East Tennessee (BHSET) was begun by concerned TN Baptist Churches soon after the end of World War II. More than \$2 million was contributed by 800 churches in 32 counties of east Tennessee. Many of the contributors were children who saved nickels, dimes, and pennies for the Knoxville hospital. The hospital began service on November 30, 1949. In its first year of operations, it admitted 7,645 patients and saw 1,195 babies come into the world.

In 2007, BHSET negotiated a merger with St. Mary's Hospital in Knoxville, TN, in which both entities would be under the control of Catholic Health Partners, Inc. In order to memorialize the contribution of the Tennessee Baptist Convention to the Healthcare System over the years, the merger agreement provided a total of \$2 million to the Executive Board of the Tennessee Baptist Convention to be used to support Medical Missions.

### **Responsibility for Allocations**

A special committee of the Executive Board has been appointed to oversee allocations of the fund. This committee is comprised of Executive Board members, staff and medical professionals from East Tennessee.

### **Process for Requesting Grants**

- Qualifying churches and associations conducting medical ministry and mission activities in East Tennessee should carefully review the established guidelines to ensure that their specific grant request will qualify.
- Requesting churches and associations should complete the grant application completely, including signature of Pastor or Director of Missions.
- Twelve (12) original applications should be prepared and submitted to the committee.
- Grant proposals will be received at:
  - East TN Baptist Hospital Medical Mission Fund
  - c/o Administrative Director
  - P.O. Box 728
  - Brentwood, TN 37024
- Deadline for grants proposals for FY 2010 is: May 1, 2010
- Allocations will be announced no later than: June 1, 2010
- Disbursements will be made based upon specific grant request information.

### **Criteria for Evaluation**

When applicable, favorable consideration will be given to ministry and mission projects that:

- Propose innovative or creative ministries that will foster significant results from a moderate grant;
- Emphasize the healing ministry of Jesus as the Great Physician;
- Demonstrate a strong commitment from the church for the ministry, both financially and from personal involvement of members;
- Demonstrate the broadest possible impact on the community;
- Demonstrate long-term strategic vision and goals;
- Include the strategic building of relationships for the cause of Christ.

## **Guidelines**

### **General Eligibility**

- One-year grants will be made to Cooperating Tennessee Baptist Churches and Affiliated Baptist Associations located with the East Grand Division of Tennessee as assistance with medical missions and ministries.
  
- Grants may only be used for the following when used within East Tennessee:
  - Purchase of medicine
  - Purchase of medical supplies
  - Purchase of medical equipment
  
- Grants may NOT be used for any of the following:
  - Travel expenses
  - Administrative compensation
  - Basic operating expenses
  
- Under special circumstances, grants may be used by recipients directly involved in International Medical Mission activities.

## Application

Total Grant Request: \$ \_\_\_\_\_

Church or Association Name: \_\_\_\_\_

Person submitting Application: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pastor or Director of Missions: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Provide a brief description of the ministry or mission project where funding will be used:

2. Anticipated Dates of Project: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

3. Where will the project actually occur?

4. How does this project fit into your church or association's strategic purposes?

5. What are the long-term vision and goals for this ministry?

6. What makes this project unique and creative?

7. Specifically describe how the funds requested will be used:

8. Provide a budget overview for the project:

<b>Expense Type</b>	<b>Calculation of Budget</b>	<b>Amount</b>
(Ex: Travel, medications, promotion, rents, personnel, etc.)	100 miles @ \$.25/mile; 1,000 doses at \$4.00 each; 4 months rent on facility @\$500/month	25.00 4,000.00 2,00.00
<b>TOTAL</b>		

<b>Sources of Income</b>	<b>Calculation of Budget</b>	<b>Amount</b>
Organizational Budget		
Direct Contributions		
Client Fees or Charges		
Other Grants		
Other Revenue		
<b>TOTAL</b>		

Current Difference in Expenses and Income		\$
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9. What is your total Church or Associational Budget? \$ \_\_\_\_\_

10. Please give the name and a brief bio on the individual who is leading the project:

11. If volunteers are used in the ministry, please describe how they are recruited, selected, trained and supervised.

12. Additional comments not covered thus far in this application:

**Signatures:**

Application completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor or Director of Missions: \_\_\_\_\_ Date: \_\_\_\_\_