You may be eligible for a grant up to $2,000

The Christian and Missionary Alliance has been blessed with matching grant funds to offer financial assistance grants to 25 pastors. Choose one of the following grants:

- **Medical Bill Assistance Grant up to $2,000** for pastors participating in the C&MA Health Plan who have unpaid medical bills. Be sure to explain your current need and the reason for the need and include the amount of medical debt you have incurred.

- **Life Insurance to Protect Your Loved Ones** for pastors who do not have life insurance and serve in churches with an annual church budget of $100,000 or less.
  
  - Grant would cover the pastor’s premium for $30,000 of Basic Life Insurance as well as Long-Term Disability, plus up to $50 a month in funds toward voluntary life insurance for the pastor, spouse and/or children.
  - Grant would cover the entire amount in the first year but would step down in subsequent years to assist the church in keeping insurance current: Grant Year 1 = 100%; Grant Year 2 = 75%; Grant Year 3 = 50%; Grant Year 4 = 25%.
  - Church would complete a “Letter of Intent” committing to continuing coverage for its pastor with Alliance Benefits beyond the life of the grant.

- **Retirement Savings Jump Start Grant of $2,000** for pastors 50 years of age and over who haven’t saved yet for retirement, do not have a personal retirement account but agree to open a C&MA 403(b) retirement account. Additionally, your church must be willing to contribute at least $100 per month ($1,200 per year) from the church budget into this account beginning sometime in 2020.

**Other grant criteria…**

1. Pastor is credentialed with the C&MA and in active service.
2. Signed up at NAEfinancialhealth.org/cma and created an account to preview (with your spouse, if married) the Personal Finances course and the Generosity training sessions available to you and your board.
3. Chosen and talked with a designated lay leader that has reviewed this application, created his own account at NAEfinancialhealth.org/cma and previewed the available individual church board/leaders generosity training sessions and course.
4. Agree to start and finish the Personal Finances course (with your spouse, if married) within nine months if approved for a Financial Assistance grant.
5. Your designated church leader agrees to schedule a time in the coming months for your church board or 3 or more leaders to go through the Bless Your Pastor training session and finalize plans when to distribute the brochure to the families in your congregation, and receive a Pastor or Pastor (and staff, if applicable) Appreciation offering. Note: You and your church leader are also encouraged to consider using the other individual training sessions, 6-session Church Generosity course, or other NAE Financial Health resources in the future.
6. Understand you will receive the grant when we receive your course completion certificate for the Personal Finances.
7. Complete your online application at NAEfinancialhealth.org/cma and turn in an IRS W9 form.

How did you first hear about the Financial Health courses and grant? __________________________________________

Your First Name: __________________________ Last Name: ___________________________ Age: ________

Church: ______________________________________ Worship Attendance: _____ Church Annual Income: ______

Full Church Address: ____________________________________________________________

Full Home Address: __________________________________________________________________

Email Address: ______________________________________________________________________

Personal Cell Phone/Area code: ______________________ Church Phone: __________________ Ext: ______

Spouse’s First Name: __________________________ Spouse’s Cell Phone: _______________________

Spouse’s Email Address: __________________________________________________________________

Designated Lay Leader’s First Name: ______________________ Last Name: ______________________

Leadership position at the church: _______________________ Leader’s Cell Phone: ________________

Leader’s Email Address: __________________________________________________________________

Pastor Salary (including housing allowance) from the church $________________

Any additional household income sources? Please briefly explain source(s) and annual amounts ________________________

________________________________________________________________

You can also complete an online application at NAEfinancialhealth.org/cma

For questions, please contact:
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