A.R. Hibbs Family Memorial Fund

Some years ago the Kiskiminetas Presbytery was named as a 50% beneficiary of a permanent trust fund established by Mrs. Mary M. Hibbs (Freeport Presbyterian Church) and held by the Presbyterian Foundation. Mrs. Hibbs died in April 2007. Effective May 31, 2007, $183,007.44 was assigned to the Presbytery with interest payable to the Presbytery. The condition of the Trust is the income is to be used for the Church and Society Committee or its successor (Presbytery Mission Team) for distribution to aid needy persons in the local church areas within the Presbytery. The Presbytery will receive the income checks following the end of each calendar quarter.

Suggested policy for the distribution of funds:

1. Beginning in April 2008, funds distribution will be no greater than the income received for the preceding six month period and any unused interest from the period six months prior to that.

2. A session may apply for funds twice per calendar year.

3. Approval of applications will be based on (not in priority order):
   a. Programs to aid “needy persons” which are directly sponsored by the session/deacons to enhance the mission outreach of the congregation.
   b. Programs which are ecumenical and in which the Presbyterian congregation is an active participant.
   c. Community non-government organizations which are providing “aid to needy persons.”
   d. Programs within the community which seek to help people rise out of their current situation of need.
   e. Provision of temporary emergency assistance to individuals or families through the congregation’s deacon’s fund, pastor’s discretionary fund, local aid fund.

4. Applications will be reviewed and acted upon by the Presbytery Mission Team twice per calendar year. The Presbytery Mission Team will establish the cycle for receiving grant requests.

5. Once approved by the Presbytery Mission Team, checks will be sent to the Church Treasurer (with notice to the Moderator and Clerk) for distribution in accordance with the approved application.

6. Accountability for the proper distribution of funds in accordance with approved applications shall lie with the session.

7. Needy persons shall be defined as those in need of:
   a. Housing
   b. Utility assistance
   c. Food
   d. Clothing
   e. Medical attention (including optical and dental)
   f. Other similar needs as determined legitimate by the session with the concurrence of the Diaconal Ministries Committee.

8. Distribution shall be made without regard to age, sex, marital status, race, national origin, or disability.

Review by Diaconal 08/07; Reviewed by Admin 08/07; Reviewed by Council 08/07; revised by Admin 11/08; acted by Council 12/17/08; Pby first reading 01/12/08; Pby second reading and approval 3/11/08; Review and update by Pby Mission Team 4/25/16 and 7/11/16.
A.R. Hibbs Family Memorial Fund Application

Name of Church: ________________________________

Date Approved by Session: ___/___/____ Application Amount: $____________________

Has the church ever received a Hibbs Fund Disbursement? Y or N
If Yes, when and for how much? Date of disbursement ____________ Amount $________

Please describe additional sources of funding over and above the Hibbs Fund requested monies (or anticipated sources of funding) and the amount of that funding (ex. other grants, fundraisers, private donations, special offerings, etc.):

If there are other organizations involved in this missional project, please list them and their contribution amount (ex. Salvation Army, another local church or community organization):

If you do not receive the full amount you have requested from the Hibbs Fund, how will the remaining funds be raised? Further, if the full amount cannot be awarded, will this mean that the project or program will be discontinued or abandoned?

Please briefly describe how the funds will be used to enhance the missional outreach of the church; please use specific examples, current successes and challenges; targeted population(s) (ex. Children, homeless, a food program, etc.):

Signatures

Clerk of Session ___________________________

Moderator _________________________________

Date Approved by Presbytery Mission Team ___________

Chair _________________________________

Amount Approved __________________________

Please submit to the Kiskiminetas Presbytery, PO Box 339, Yatesboro PA 16263