

GSSA Foundation Secret Mission Benevolence Fund

Giving Guidelines

The GSSA Foundation Board has established the following Benevolence Fund Giving Guidelines to describe how the GSSA Foundation Board of Directors executes Foundation Secret Missions (under GSS Agent #001):

1. The intent of GSSA Foundation Missions is to secretly provide on-time funds to target people with immediate crisis by providing emergency funding to meet their critical need. Funds disbursed are given in secret as much as realistically possible.
2. Secret Mission funding provides for, but is not limited to the following types of emergency assistance:
 - a. Rent (to prevent eviction or security deposit to prevent homelessness)
 - b. Utilities Payment (to prevent shutdown of services)
 - c. Emergency meals
 - d. Emergency Transportation Services (i.e. Bus Pass, flight for Medical treatment, auto payment, etc.)
 - e. Lodging cost (patient and family traveling for life saving medical treatment)
 - f. Auto Insurance payment (to prevent person from driving without insurance)
 - g. Childcare Assistance (to help provide day care while job searching or dealing with an emergency)
 - h. Funeral /Burial Expenses (to help cover burial expenses in cases of untimely deaths)
 - i. Fire/flood/Natural Disaster
 - j. Specific Items for needy children (i.e. Car seat, clothing, shoes, school supplies, furniture, etc.)
 - k. Emergency/Crisis funding for individuals identified by another non-profit organization that is not normally covered by that agency.
3. The following individuals/organizations may nominate people to receive assistance from the GSSA Foundation: GSS Agents, GSSA Board Members, Church Pastors/Leaders, Schools & Teachers, State Agencies, and other Non Profit Organizations. Self-Nomination forms will not be accepted.
4. Nominators must submit a written GSSA Foundation Secret Mission Nomination Form by the 15th of each month. All nominations received in a given month will be reviewed at the GSSA monthly board meetings and distribution of funds will be made based on available donated funds.
5. Nominators may nominate more than one individual/family. However, each nomination must be on a separate form (only 1 nominee per form). Information on form should be as detailed as possible.
6. Secret Mission Recipients never directly receive funds from GSSA. GSSA Foundation obtains and verifies the immediate need for funds with the vendor who is owed money and pays said funds directly to the vendor. (i.e. Landlord, Hotel, Utility Company, Funeral Home, Insurance Company, Airline, Bus company, Rental Car Business, Day Care Provider, etc.). Funds are also provided to organizations that will ensure the individuals receive needed assistance. Secret Mission Recipients receive a GSSA acknowledgement after the funds are dispersed, with the hope of demonstrating God's love and possibly helping to lead the person to Christ if they are not already a believer.
7. GSSA is committed to keeping administrative costs to a minimum. All GSSA board members are volunteers and receive no compensation. GSSA's goal over time is to spend 80% or more of publicly donated funds to its Benevolence and Scholarship funds.
8. GSSA Board members and their family members are not eligible to receive Benevolence funding.
9. Past Mission Recipients cannot receive a GSSA Foundation Secret Mission Benevolence disbursement more than once every 24 months.
10. All awards are made on a nondiscriminatory basis using scoring system selection criteria.

GSSA Foundation Secret Mission Benevolence Fund Nomination Form

(If more space is needed, use back of the form. Please remember, help must be provided in secret with all credit going to God for answering prayer request.)

1) Nominator's Name (or GSS Agent #): _____
Organization (if any) _____ Phone Number: (____) _____

2) Name of Mission Recipient (the person you hope to help): _____

3) City and State of Mission Recipient: _____

4) Describe how you know this individual? _____

5) What type of emergency assistance is needed? (Select from below) See GSSA Giving Guidelines for details regarding the types of assistance GSSA provides. General categories include:

- | | |
|--|--|
| <input type="checkbox"/> Rent Payment (security dep or prevent eviction) | <input type="checkbox"/> Emergency Meal(s) |
| <input type="checkbox"/> Utility Payment (Electric, Water, Gas, etc.) | <input type="checkbox"/> Funeral /Burial Services |
| <input type="checkbox"/> Emergency Childcare Funds | <input type="checkbox"/> Transportation Services (i.e. Bus Pass, Flight cost, Auto Payment, etc.) |
| <input type="checkbox"/> Fire/Flood/Natural Disaster | <input type="checkbox"/> Lodging cost (patient and family traveling for life saving medical treatment) |
| <input type="checkbox"/> Funds to other Non Profit with identified need | <input type="checkbox"/> Specific Item(s) for Children (i.e. Car Seat, shoes, clothes, etc.) |
| <input type="checkbox"/> Other: _____ | |

6) Describe the Mission Recipient's household make-up: (i.e. Single person, Married couple w/ 3 kids & husband's mother, Single Dad w/ 4 kids, etc.) _____

7) What is the emergency/crisis situation of this individual? (Provide any specifics of the individual's situation such as employment status, general financial situation, recent traumatic event or special circumstances, i.e. death in family, house burned down, etc. Include details about how long the situation has been occurring.) _____

8) What efforts have been made by the nominee to try and resolve this crisis on their own? _____

9) Amount Requested \$ _____

10) Is there any other individual/organization that we can contact to verify the need. (If yes, Provide name and phone #) _____

11) Organization/Service Provider that funds should be sent to for assisting Secret Mission Recipient:

Name of Organization/Service Provider _____

Address: _____

Phone Number _____ Contact Person _____

12) Is there anything else we should know about this nominee and the crisis/emergency situation? (The more information you provide, the better we are able to evaluate the need)

Affirmations: Check box below.

I affirm that the information provided in this nomination form is true and accurately describes the crisis/emergency circumstances of the nominated individual to my best of my knowledge. I authorize the GSSA Foundation to verify the information provided on the form (note that GSSA will not contact the individual directly).

Signature _____

Date _____

Email Nomination Form to: Nominations@gssagents.org
Or Mail to: GOD'S SECRET SERVICE AGENTS
1909 E. Ray Road, ☐ Suite 9 - 124
Chandler, AZ 85225

FOR GSSA USE ONLY

Selected Not Selected Month/Year _____

Comments _____

Check Sent to _____ Date _____ By _____

Follow-Up Made By _____ Follow-Up Date _____

Follow-Up Verification Comments _____

