

# **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 (now Tennessee Baptist Mission Board- TBMB) to be used to support Medical Missions.

### **Responsibility for Allocations**

A special advisory body of TBMB has been appointed to oversee allocations of the fund. This advisory body is comprised of TBMB Directors, 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.
- Grant proposals can be sent by [email](mailto:ckidd@tnbaptist.org) to [ckidd@tnbaptist.org](mailto:ckidd@tnbaptist.org) OR [mail one \(1\) copy](#) to:  
Baptist Hospital of East TN Medical Mission Fund  
c/o Carrie Kidd- Tennessee Baptist Mission Board  
P.O. Box 11028  
Knoxville, TN 37939
- Deadline for grant proposals for FY 2026 is: May 12, 2026
- Allocations will be announced no later than: June 19, 2026
- 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 within the East Grand Region 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.



# Baptist Hospital of East TN Medical Missions Fund Application

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

Name of Medical Ministry: \_\_\_\_\_

What TBC Church or Association is your Medical Ministry Affiliated With (If you are approved, funding each quarter will be routed through this organization to disburse to your ministry):  
\_\_\_\_\_

Person submitting Application: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

Affiliated Pastor or Associational Director of Missions: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

1. Provide a description of the medical ministry including where and how funding will be used:

2. Anticipated Dates of Medical Ministry: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

3. Where will the Medical Ministry actually occur? \_\_\_\_\_

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

5. What is the long-term vision and goals for this Medical Ministry?
6. What makes this Medical Ministry unique and creative?
7. Provide a detailed budget for the grant request (do not include expenses that are not eligible for funding):

Expense Type	Calculation of Budget	Amount
<u>EXAMPLE</u> (Medications, Medical Equipment, Medical Supplies, etc.)	<u>EXAMPLE</u> Stethoscope at \$100 each 1,000 doses at \$4.00 each; 1 box of bandages at \$2.00 per box	<u>EXAMPLE</u> \$100.00 \$4,000.00 \$2.00
TOTAL		

8. Budget of organization making request:

Sources of Income	Calculation of Budget	Amount
Current Annual Budget of Requesting Medical Ministry		
Contribution from Affiliated Church or Association		
Direct Contributions from individuals or other partners		
Client Fees or Charges		
Other Grants		
Other Revenue		
TOTAL		

Current Difference in Expenses and Income		\$
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9. What is the total current annual budget of the Affiliated Church or Associational Budget? \$ \_\_\_\_\_

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

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:**

Medical Ministry Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

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

