

Commission on Equitable Compensation

Applications shall be received by November 1st for consideration in the upcoming calendar year

APPLICATION FOR CLERGY SUPPORT

Since the birth of the church, there has been financial support given to churches in need (I Corinthians 16:1-4). Such is our understanding in the practice of making funds available to churches needing help with ministerial support. The United Methodist Church apportions monies to help struggling churches meet their financial obligations to pastors – this is a mission of the connectional church. It is the hope of the Equitable Compensation Commission that churches applying for these dollars will understand that this is a mission and the dollars for this mission come from the apportionment system.

It is our hope that applying for these funds will be a time of reflection for your congregation: to reflect on your church's mission; your church's relations to the connection; and the future mission of your church. We are in prayer with you as you go through this process and look forward to the day when these monies will no longer be needed and will be freed for other churches in need!

Applications shall be received by **November 1st** for consideration in the upcoming calendar year. Any applications received after November 1st will not be considered in the first tier of applications.

Date: _____ District: _____ Charge: _____

Pastor: _____ Address: _____

City/State/Zip: _____

I. INFORMATION:

a. Membership – Current membership of Charge: _____

Average Worship Attendance on Charge: 5 years ago _____ 2 years ago _____ 1 year ago _____ 1 month ago _____

b. Clergy Support - Please attach a copy of your 2010 Pension Worksheet.

Amount of additional support to be received from the Conference or other sources during current year:

Source _____ \$ _____ Source _____ \$ _____

Source _____ \$ _____ Source _____ \$ _____

Source _____ \$ _____ Source _____ \$ _____

c. Other Finances

Total Church Budget: 5 years ago \$ _____ 2 years ago \$ _____ 1 year ago \$ _____ current year \$ _____

Current Apportionment – Asking \$ _____ Paid \$ _____

Was total Apportionment paid 5 years ago? Yes No Was total Apportionment paid 2 years ago? Yes No

Was total Apportionment paid 1 year ago? Yes No Was total Apportionment paid 1 month ago? Yes No

How do you raise your funding? For example, by annual pledges/fund drives, fundraising programs, grants from UMC sources, or other sources, etc. What efforts have you (pastor and congregation) made to fully fund your ministry needs? _____

d. Describe the ministry and mission projected as a result of equitable compensation support from the Conference. _____

II. CLERGY AND CHARGE STATUS:

a. Clergy's Conference Status (circle one)

AM – Associate Member

FD – Deacon in Full Connection

FE – Full Elder

FL – Full-Time Local Pastor

LP – Other Local Pastor

OA – Associate Member of Other Conference

OD – Deacon Member of Other Conference

OE – Elder Member of Other Conference

OF – Full Member of Other Denomination

OP – Provisional Member of Other Conference

PD – Provisional Deacon

PE – Provisional Elder

RA – Retired Associate Member

RD – Retired Deacon in Full Connection

RE – Retired Full Elder

RL – Retired Local Pastor

ROE – Retired Other Elder

ROF – Retired Member of Other Denomination

SP – Student Pastor

SY – Interim Supply

b. Charge Status

If you are on a charge, please list the salary support percentages for each church. (e.g.; Smith UMC 15%, Barker UMC 42.5%, Regan UMC 42.5%)

Church #1: _____ Church #2: _____ Church #3 _____

III. GRANT REQUEST FOR CALENDAR YEAR _____:

a. Clergy Salary and Utilities to be paid by charge.....\$ _____

b. Clergy Support Supplement requested (annualized amount*).....\$ _____

Lines A and B above should total the same amount on Line 7 of the attached Pension Worksheet.

This amount will be divided by 12 and paid monthly for the length of time approved. Mid-year requests will be adjusted accordingly. Please indicate if your request is for:

12 months (January – December)

6 months (July – December)

IV. REMARKS:

a. Clergy: Please indicate, among other things, how long you anticipate this charge will continue to need salary supplementation. Be particularly specific if the charge does not provide at least two-thirds of the salary and utilities.

What historical / cultural / economic / situational elements affect your ministry and congregation?

b. Lay member: Please include a statement addressing your church's impact on your community and your congregation's connection with other cooperative ministries such as community groups, ecumenical organizations, and other United Methodist churches.

V. APPROVAL

Approved at Charge Conference, meeting on _____
After your charge conference, announce to the congregation the amount of your request for Equitable Compensation Funds.
Applications are considered incomplete without the below signatures and comments.

Signature of Pastor

Signature of Recording Secretary, Charge Conference

Signature of District Superintendent

Comments by District Superintendent: _____

<u>CONFERENCE OFFICE:</u>		
Approved by: _____	Title: _____	
	Annual Amounts Approved	Monthly Amounts
Equitable Compensation Grant:	\$ _____	\$ _____
Salary Overage:	\$ _____	\$ _____
Ethnic Minority Grant*:	\$ _____	(*January)\$ _____
TOTAL:	\$ _____	\$ _____