The Commission on Equitable Compensation and Moving Expenses

Request for Equitable Compensation Grant - 2019 (Incomplete Form Will Be Returned)

Date of Application		Funding Period:							
Pastor's Name:			Home Phone:						
Mailing Address:									
E-Mail Address									
		CONFEREN		RSHIP:					
Full Member	Full Member Associate Member Prob					pationary Member			
Approved Local Pastor Other Denomination Other _									
	COMPENSATIO				•	S):			
(do not include i Name of Church(es) (each church if more than one on Charge)			Membership	Housing Allowance (Parsonage)	Worship	Base Salary (Do not include grant amount)	SPRC Chair Initials		
	(add all Lines of Base Salary) IS AMOUNT ON LINE "E" BE	LOW		Leave Blank	ļ		Leave Blank		
MINIMUM BASE COMPENSATION CALCULATION:									
(Please A. B.	e refer to table on reverse side Minimum Base Compensation (see instructions on other side) Additional Compensation for y	ns for num	ber of years of service)						
	(see instructions on other side)	\$							
C.	Additional Compensation for r (see instructions on other side)	\$							
D.	Total Minimum Base Comperation (add A + B + C)	\$							
E.	Base Salary to be Paid by Lo (should be same as shown in chart a	\$\$							
F.	Amount Requested from the (D - E) Note: This amount CANNO		\$						
Additional In	formation: (Refer to tl	he Equitable	e Compensa	tion Report	in the lat	test Conference	ce Journal)		
Has Pastor's compensa	tion been approved at Charge/Ch	urch Conference	?		□ YES		Date		
Has a stewardship/fir	nancial campaign been conclud	led in the last ye	ear?						
Does pastor's reimbursable expense equal 13% or greater of the pastor's compensation? \Box							\$		
Were Ministerial Sup	\Box YES								
If this is not a first time request, has charge increased amount paid to pastor by at least 10%?									
Is the church's upcoming year budget and a previous or current-year financial statement showing revenues and expenditures included? $\hfill\square$ YES									
If the answer t	o any of the above questions	s is "NO", an e	xplanation is r	equired in the	District S	uperintendent's d	over letter.		
Number of years this	exact charge has received Eq	uitable Compen	nsation?		-				
Number of paid staff	(not including clergy): Full-tim	ne Pa	art-time	Total value of u	Inrestricted	d funds \$			
Finance Chair(s) Signature(s) Pastor's Signature									
District Superintende	nt's Signature					Revise	ed 8-17		

INSTRUCTIONS

- 1. Use annual figures in this request, even if the request is for only a portion of a year. (Note: Requests which overlap two calendar years will not be approved.)
- 2. This is the approved schedule for 2019. This will be the Minimum Base Compensation Line A.

MINIMUM BASE COMPENSATION LEVELS ADOPTED FOR THE YEAR 2019					
\$40,800 Full or Probationary Members of the Annual Conference					
\$37,800	Associate Members of the Annual Conference				
\$34,700	Approved Local Pastor or an approved minister from another denomination				

3. To calculate additional compensation for years of service (line B on front) use this table. Each calculation has been rounded up to the next dollar.

ADDITIONAL COMPENSATION FOR YEARS OF SERVICE COMPLETED							
Year	Amount		Year	Amount			
1	\$0		11	\$750			
2	\$75		12	\$825			
3	\$150		13	\$900			
4	\$225		14	\$975			
5	\$300		15	\$1,050			
6	\$375		16	\$1,125			
7	\$450		17	\$1,200			
8	\$525		18	\$1,275			
9	\$600		19	\$1,350			
10	\$675		20 or more	\$1,425			

- 4. Additional Compensation for Multi-point Charge (line C on front) is \$200 for second church and \$100 for each additional church.
- 5. To be eligible for participation each charge must:
 - a) Have an average worship attendance of at least 45.
 - b) Conduct an every member stewardship program each year.
 - c) Increase the amount the local church is paying toward the pastor's compensation by at least 10% each year.
 - d) Adopt an ARP for professional expenses which is at least 13% of total compensation.
 - e) Pay its apportionment for World Service/Conference Apportionments in full.
 - f) Describe the mission field to which the church or charge is called to relate and what specific missional goals, strategies, and plans does the church or charge have for reaching that missional field.

g) Pay the Pastor's health insurance and pension direct billing per the policy of the Annual Conference.

Failure to comply with any of these conditions must be explained in writing by the District Superintendent.

- 6. This completed form is to be initialed by the SPRC Chair(s), and signed by the Finance Chair(s), Pastor, and District Superintendent and forwarded to the Commission on Equitable Compensation & Moving Expenses under the cover of a letter from the District Superintendent (see pre-conference report approved at Annual Conference). a) The application will be attachment 1 to the District Superintendent's cover letter.
 - b) Attachment 2 to the cover letter will be the charge's previous year's financial statement to include revenue and expenses and all funds on hand.
 - c) Attachment 3 to the cover letter will include: a) a brief summary of the charge's vision or goals for the forthcoming year, and b) describe the mission field to which the church or charge is called to relate and what specific missional goals, strategies, and plans does the church or charge have for reaching that missional field.
 d) Attachment 4 to the cover letter will be a copy of the upcoming year's budget including revenue and expenses.
 - d) Attachment 4 to the cover letter will be a copy of the upcoming years budget including revenue and expenses.
- 7. Requests that are not submitted in accordance with the above instructions will be returned for proper completion.