

**The Commission on Equitable Compensation and Moving Expenses
Request for Equitable Compensation Grant - 2020
(Incomplete Form Will Be Returned)**

Date of Application _____ Funding Period: _____ to _____
 Pastor's Name: _____ Work Phone: _____ Home Phone: _____
 Mailing Address: _____
 E-Mail Address _____

CONFERENCE MEMBERSHIP:

- Full Member Associate Member Probationary Member
 Approved Local Pastor Other Denomination Other _____

COMPENSATION TO BE PAID BY THE LOCAL CHURCH(ES): (do not include requested grant amount)					
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
Total (add all Lines of Base Salary) ENTER THIS AMOUNT ON LINE "E" BELOW				Leave Blank	

MINIMUM BASE COMPENSATION CALCULATION:

(Please refer to table on reverse side for Minimum Base Compensation and additions for number of years of service)

- A. **Minimum Base Compensation**
(see instructions on other side) _____ \$
- B. **Additional Compensation for years of service**
(see instructions on other side) _____ \$
- C. **Additional Compensation for multi-point Charge**
(see instructions on other side) _____ \$
- D. **Total Minimum Base Compensation due pastor**
(add A + B + C) _____ \$
- E. **Base Salary to be Paid by Local Church(es)**
(should be same as shown in chart above) _____ \$
- F. **Amount Requested from the Equitable Compensation Fund**
(D - E) Note: This amount CANNOT be more than 30% of line D _____ \$

Additional Information: (Refer to the Equitable Compensation Report in the latest Conference Journal)

- Has Pastor's compensation been approved at Charge/Church Conference? YES NO Date _____
- Has a stewardship/financial campaign been concluded in the last year? YES NO
- Does pastor's reimbursable expense equal 13% or greater of the pastor's compensation? YES NO \$ _____
- Were Ministerial Support, World Service / Conference Benevolence paid in full in the last year? YES NO
- If this is not a first time request, has charge increased amount paid to pastor by at least 10%? YES NO
- Is the church's upcoming year budget and a previous or current-year financial statement showing revenues and expenditures included? YES NO

If the answer to any of the above questions is "NO", an explanation is required in the District Superintendent's cover letter.

Number of years this exact charge has received Equitable Compensation? _____

Number of paid staff (not including clergy): Full-time _____ Part-time _____ Total value of unrestricted funds \$ _____

Finance Chair(s) Signature(s) _____ Pastor's Signature _____

District Superintendent's Signature _____

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 2020. This will be the Minimum Base Compensation - Line A.

MINIMUM BASE COMPENSATION LEVELS ADOPTED FOR THE YEAR 2020	
\$41,500	Full or Probationary Members of the Annual Conference
\$38,500	Associate Members of the Annual Conference
\$35,400	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.
7. Requests that are not submitted in accordance with the above instructions will be returned for proper completion.