

DESERT SOUTHWEST CONFERENCE
Request for Equitable Compensation for 2019
(Return to your Superintendent/Mission Specialist by November 1)

The Book of Discipline of The United Methodist Church 2016 specifies that “Each church or charge has an obligation to pay the base compensation, the benefits adopted by the annual conference, and other ministerial support (including housing) adopted by the charge conference, to its pastor(s). If it becomes apparent that a church or charge will be unable to so provide the base compensation, support, and benefits adopted by the charge conference, the church or charge SPRC chair, finance chair, or treasurer, shall immediately notify, both in writing and verbally, the pastor, district superintendent, and congregation. This communication shall indicate all avenues explored to meet the base compensation, support, and benefits, including requesting consideration for a short-term emergency subsidy grant from the Equitable Compensation Fund (§ 625.7). ...” (§ 624.1)

According to § 625.2, “It is the purpose of the commission on equitable compensation to support full-time clergy serving as pastors in the charges of the annual conference...”

Applicant:

Today's Date: _____ Name/Title of One completing form: _____

Name of Church/Charge: _____ City/State: _____

Amount requested for 2019 (unless other time period designated): \$ _____

Has church previously received Equitable Compensation Funds? _____ How many years? _____

Pastoral Leadership:

Appointed Pastor: _____ Years of service (as of 6/30/18): _____

Pastor's Classification (i.e., AF, AM, FD, FE, FL, LFT, LP, PE, etc.): _____

Is appointment: __ Full time or __ Part time?

If part-time, what percent of full-time? __ 25% __ 50% __ 75%

Housing: __ Parsonage provided __ Housing Allowance

Type of Health Insurance Coverage: __ Single __ Couple __ Family

Church Membership:

Professing Members of church: _____

New Professing Members since January this year: _____

Number of Constituents: _____

Average attendance at the principle weekly worship services: _____

Average attendance in the Sunday Church School (all ages): _____

Is your membership growing, stable, or declining? _____

What are the numbers of people in your congregation in each age group?

0-15 _____ 16-34 _____ 35-54 _____ 55-70 _____ 70+ _____

Application: (NOTE: incomplete applications will not be considered.)

For all questions below, please use separate paper to supplement this form.

1. What is the Church/Charge’s vision for the future?
2. What specific plans and programs are in place that are designed to attain the vision?
 - a. Within the local Church?
 - b. Within the local community?
3. How will the amount requested enable you to realize the vision? (What are the goals for the Charge and pastor, and how are you engaging in your mission field?)
4. What are the specific plans in the short to mid-term for the Church/Charge to become self-sufficient?
5. Does your church have any indebtedness?
 - a. Purpose
 - b. Balance due
 - c. Payments
 - d. When paid off
6. Give a detailed description of the stewardship plans for the Church/Charge this year.
7. Each of the following items must be attached to the application:
 - a. Proposed 2019 clergy compensation, including Equitable Compensation Grant
 - b. Copy of Statistical Tables I, II, & III submitted for 2017
 - c. Year-to-date financial statement for 2018 (income and expenses)
 - d. Budget for 2018 and Preliminary Budget for 2019
 - e. Copy of Fund Balance Report (annual audit) submitted for 2017
 - f. Schedule and plan to move off Equitable Compensation or progress report for moving off Equitable Compensation if this is not your first year to receive. (By Conference Rule, Equitable Compensation is limited to five years.)

Required Signatures

We the undersigned attest that, to the best of our knowledge, the information stated on this application represents the financial need of the congregation for the ensuing year.

_____ Date

Administrative Board/Council Chairperson

_____ Date

Staff Parish Relations Committee Chairperson

_____ Date

Pastor

_____ Date

District Superintendent

for office use only:

Cabinet Action: Received by: _____ Approved: _____ Recommended \$: _____

Commission: Received: _____ Approved: _____ Amount: \$ _____