

**DESERT SOUTHWEST CONFERENCE**  
**Request for Equitable Compensation for 2021**  
**(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 2021 (unless other time period designated): \$ \_\_\_\_\_

Has church previously received Equitable Compensation Funds? \_\_\_\_\_ How many years? \_\_\_\_\_

**Pastoral Leadership:**

Appointed Pastor: \_\_\_\_\_ Years of service (as of 6/30/20): \_\_\_\_\_

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 \$ \_\_\_\_\_ /year

Type of Health Insurance Coverage: \_\_ Single \_\_ Couple \_\_ Family

Does the church cover participation portion? \_\_ No \_\_ Yes \$ \_\_\_\_\_ /year

**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 2021 clergy compensation, including Equitable Compensation Grant
  - b. Copy of Statistical Tables I, II, & III submitted for 2019
  - c. Year-to-date financial statement for 2020 (income and expenses)
  - d. Budget for 2020 and Preliminary Budget for 2021
  - e. Copy of Fund Balance Report (annual audit) submitted for 2019
  - 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.

Administrative Board/Council Chairperson	Date
Staff Parish Relations Committee Chairperson	Date
Pastor	Date
District Superintendent	Date

**for office use only:**

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

Commission: Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**SUPPLEMENTAL INFORMATION TO BE COMPLETED BY THE DISTRICT SUPERINTENDENT**

District Superintendent: \_\_\_\_\_

Church/Charge: \_\_\_\_\_

- 1) These funds will assist:
  - a. An isolated location Charge \_\_\_\_\_
  - b. A mission Charge \_\_\_\_\_
  - c. A Charge with unusual potential and distinct opportunities for growth and/or mission \_\_\_\_\_
  - d. A Charge with potential for financial independence within 2 years \_\_\_\_\_

- 2) What funds are currently being received by the local Church from other outside sources such as Church extension, etc? (Please indicate N/A if appropriate)

Amount	Source
_____	_____
_____	_____

- 3) If any of the above are pending, when do you expect confirmation? \_\_\_\_\_

- 4) What numerical ranking would you give to this request in relation to the others in your District?  
(Note: please rank thoughtfully compared to all other requests from your District; e.g., if you have 10 requests, you would uniquely rank each request from 1-10.)

\_\_\_\_\_

- 5) Please state reasoning for this ranking:

- 6) What progress have you seen/been told about that shows that the Church/Charge can follow through on their plans and programs to become self-sufficient?

*(Please feel free to attach additional page with your answer to this question)*

**Date:** \_\_\_\_\_

**District Superintendent Signature:** \_\_\_\_\_