

EQUITABLE COMPENSATION FUNDS Request Worksheet

1/1/10 7/1/10

Pastor _____

Charge _____

District _____

1. Is the pastor serving full time or part time? Full time Part time
 Is the pastor on student appointment? Yes No
 Is the pastor on appointment under ¶346.1 or 346.2? Yes No
 Does the pastor live within the bounds of the charge? Yes No

How many churches are on the charge? _____
 What is the charge's current membership? _____
 What is the current average worship attendance? _____
Guidelines call for an average worship attendance of 100.

How long has this charge been receiving Equitable Compensation support? _____ years

2. Under which category is the pastor applying for **Minimum Salary Support Funds**?
- Minister in Full Connection with MDiv or equivalent (\$37,800)
 - Probationary Member with MDiv or equivalent (\$35,700)
 - Associate Members (\$34,600)
 - Full time Local Pastor with 2 or more years Course of Study (\$33,500)
 - Full time Local Pastor with less than 2 years Course of Study (\$32,700)
- The total salary in Part 6 below should not exceed the above category level.*

3. Is this charge a **Missional Situation**? Yes No
A Missional Situation not receiving New Church Funds may receive \$2,000 per year. An additional \$2,000 may be granted in exceptional circumstances.
 How much is requested from Missional Situation Fund? \$ _____

4. Is this a Haitian or Hispanic charge? Yes No
 A maximum supplement of \$2,000 is available for pastors of Haitian or Hispanic congregations that meet the other Equitable Compensation Guidelines.
 How much is requested from Haitian/Hispanic Funds? \$ _____

6. What is the approved salary from all sources? \$ _____ (part 2 plus part 3)

What are the sources of salary income other than Equitable Salaries?

To be paid by charge (salary)	\$ _____
To be paid by district	\$ _____
To be paid by all other sources	\$ _____
Total Salary excluding Equitable Compensation	\$ _____

Summary of Salary Supplement Requests

Minimum Salary Support (max. 20% of min. salary)	\$ _____
Missional Situation	\$ _____
Haitian/Hispanic Ministries	\$ _____
Total Salary Support Requested	\$ _____
Total Salary	\$ _____

Other Requests (for churches whose total salary support is at or near minimum)

Parsonage Funds

A maximum of \$3,600 for a full time pastor and \$1,800 for a part time pastor may be applied for to aid in purchasing and/or upgrading charge owned parsonages. The funds if granted, will be paid upon submission of receipts for work completed to the parsonage or the proof of a mortgage

How much is requested from the Parsonage Funds? \$_____

Utilities

It is recommended that each local church pay the pastor's utilities. In hardship cases, up to \$720 may be requested.

How much is requested for Utilities? \$_____

Health Insurance

It is recommended that each church pay the pastor's health insurance not covered by the Annual Conference. In hardship cases, up to \$5,000 of the health insurance not covered by the Annual Conference may be requested. The pastor must be enrolled in the base plan for his/her area.

How much is requested for Health Insurance? \$_____

Moving Expenses

It is recommended that receiving churches pay actual moving expenses within the bounds of the Florida Annual Conference. In hardship cases, 75% of the total costs or up to \$500 may be requested.

How much is requested for Moving Expenses? \$_____

Reimbursement Accounts

Charges receiving Equitable Compensation funds may establish a reimbursable account up to \$2,000.

If your charge has a reimbursable account, how much is designated? \$_____

Salary Reduction for Pension purposes

Clergy receiving equitable compensation may designate a portion of their compensation to the before-tax contribution to the pension program

"Each church or charge has an obligation to pay the full compensation, as approved by the charge conference, to its pastor(s)." (2008 Discipline, ¶1625). Is your congregation making plans to move toward financial independence in the years ahead? Yes No

Chairperson, Staff/Parish Committee_____

The 2009 Charge Conference has voted to request these funds from Equitable Compensation.

District Superintendent_____

Please send original to David A. Dodge, P. O. Box 3767, Lakeland, FL 33802.

APPLICATION FILING DEADLINES ARE NOVEMBER 1 AND APRIL 1.