**COMMISSION ON EQUITABLE COMPENSATION**

**OF THE**

**UPPER NEW YORK ANNUAL CONFERENCE**

**APPLICATION FOR CONFERENCE SALARY SUPPORT**

**FOR THE 6 MONTH PERIOD:**

**JANUARY 2019 THROUGH JUNE 2019**

**APPLICATION DEADLINE:**

**NOVEMBER 2, 2018**

**COMMISSION ON EQUITABLE COMPENSATION**

**OF THE**

**UPPER NEW YORK ANNUAL CONFERENCE**

**Policies and Procedures for Conference Salary Support**

Funding from the Commission on Equitable Compensation (Commission) supports and provides funding to churches that are unable to provide the minimum salaries as set forth by the Upper New York Conference for pastors under full-time appointment.

We support churches that have potential for growth in mission and ministry that do not have other resources available. These are churches that are part of the overall Conference plan for ministry and have the support of the Cabinet and the District Superintendent involved.

The application for funding is for either the period of January through June or July through December of a given year. If a pastoral change occurs after funding has been established, adjustments or termination of the grant may occur based on the situation.

Allocation of funds from the Commission is subject to semi-annual review. Funds are limited.

**Criteria**

* **Equitable Compensation funds are only available to churches whose pastor is under full-time appointment (either in a single-point or multiple-point charge).**
* **Support shall not exceed 25% of the gross salary.**
* **Support will not continue beyond three years with the expectation that the amount of the grant will be diminished each year.**
* **Grants are rarely given to churches where the compensation is set above the Conference minimum salary.**

**Steps in the Application Process**

Complete the application form and forward it **to your District Superintendent by the deadline**. Please utilize EZRA as a reference to complete the questions, as appropriate. Submissions to your District Superintendent must include **this form plus the Clergy compensation form(s), Church budget, and EZRA Church Summary 6-Part Graphic Report;** found at: [*http://ezra.gcfa.org/Statistics/Charts.aspx*](http://ezra.gcfa.org/Statistics/Charts.aspx)*.*

A leadership team from congregations anticipating funding beyond one year may be required to meet with members of the Commission to determine how they might be assisted and/or resourced.

**Once the application is completed, save the files on your computer as “churchname\_GrantPeriodDate” and e-mail it as an attached “Word” file to your District Superintendent\* by the deadline provided on the cover sheet.**

For example: File 🡪 Save As: denverfirst\_January2018.doc

The District Superintendent must provide a narrative with his/her recommendation. The District Superintendent will then forward the application to the Benefits Office. From there it is reviewed by the Bishop’s Council and then sent on to the Commission on Equitable Compensation members for consideration.

Funding is limited. The Commission does NOT expect to interview all the churches requesting salary assistance. Churches to be interviewed will be contacted.

\*District Superintendent Emails are found on the Conference website, or applications may be sent to the District Office:

AdirondackDistrict@unyumc.org

AlbanyDistrict@unyumc.org

BinghamtonDistrict@unyumc.org

CornerstoneDistrict@unyumc.org

CrossroadsDistrict@unyumc.org

FingerLakesDistrict@unyumc.org

GeneseeValleyDistrict@unyumc.org

MohawkDistrict @unyumc.org

MountainViewDistrict@unyumc.org

NiagaraFrontierDistrict@unyumc.org

NorthernFlowDistrict@unyumc.org

OneontaDistrict@unyumc.org

**Application for Conference Salary Support**

**FOR THE 6-MONTH PERIOD:**

*(To move through the selections you can either TAB or use the mouse and click)*

*(The shaded area will expand as you type)*

**Application Deadline: See the cover sheet**

**Church:**

**Pastor’s Name:**

**District:**

**Criteria (Please check only one)**

Churches must indicate which of the criteria below describes the local church situation in regard to this salary support application.

A church applying for Equitable Compensation must have a pastor under full-time appointment (either single-point or multiple-point charge) AND be unable to provide the minimum compensation as set by the Upper New York Conference AND meet one of the following criteria in order to be considered for an Equitable Compensation Grant:

A healthy church in transition to new vitality as evidenced by: a clear vision and commitment to a well articulated strategic plan, a biblical understanding of the mission of the church, a capable and equipped leadership, high potential for expanding disciple-making ministries. Marks of such potential may include: numerical growth, area population growth, targeted evangelism and outreach.

A church, suffering a temporary decline for identifiable and addressable reasons, that is seeking to return to a healthy position and requires short-term conference support to regain its footing.

**Pastor’s Conference Relationship (Please check one):**

Associate Member

Associate Member from another United Methodist Conference

Certified Lay Minister

Deacon from another denomination

Deacon from another annual conference

Deacon in Full Connection

Elder in Full Connection

Elder/full member from other denomination

Elder/full member from other UM conference

Lay Pastoral Assistant

Local Pastor

Provisional Deacon (’96 Discipline)

Provisional Elder (’96 Discipline)

Probationary Member (’92 Discipline)

Provisional Member from another United Methodist annual conference

Retired

Student local pastor

**Status (Please check one):**

Single-point charge

Multiple-point charge (if part-time, please indicate      %)

Indicate each church name (listing your church first) and percentage of time at each church:

|  |  |
| --- | --- |
| Church: | Percentage:      % |
| Church: | Percentage:      % |
| Church: | Percentage:      % |

1. The Pastor’s number of full time equivalent years of service:
2. What is the salary this church/charge is or will be paying the pastor? A copy of the UNY Clergy Compensation Report Form must be submitted with this application for all churches within a charge.

1. What has the average weekly worship attendance been for the current year and the past five years? (Refer to EZRA Statistical Report line 7)

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Attendance** | **Year** | **Attendance** |
| Current: |  | Year 1: |  |
| Year 2: |  | Year 3: |  |
| Year 4: |  | Year 5: |  |

1. In the last 12 months how many people have joined the church on “Profession of Faith”? (Refer to EZRA Statistical Report line 2a and 2b for prior calendar year)

1. How many baptisms have been performed in the last 12 months? (Refer to EZRA line 8a and 8b)

|  |  |
| --- | --- |
| Child/Infant: | Adult: |

1. List the hands-on mission programs in which church members are involved and also give the number of people involved in those mission programs: (See EZRA lines 20-22)

1. Are there ministries in your church funded outside of the Current Operating Budget? (If so, please explain briefly)

1. What has your church done to train laity for leadership? (Explain briefly)

1. What are the “fruits of your ministry”? Give specific examples of how your church's ministries are transforming lives, with qualitative and/or quantitative results.

1. What % of the following has been paid for the current year and the three prior years? (Refer to EZRA Church Summary Graphic Report for Shared Ministry, Statistics Report lines 39+40 for Direct Bill information) (For the current year, use the % of year to date billed that has been paid)

|  |  |  |  |
| --- | --- | --- | --- |
| Current Year – Shared Ministry: | % | Current Year – Direct Bill | % |
| Year 1 – Shared Ministry: | % | Year 1 – Direct Bill | % |
| Year 2 – Shared Ministry: | % | Year 2 – Direct Bill | % |
| Year 3 – Shared Ministry: | % | Year 3 – Direct Bill: | % |

1. Stewardship Ministry: Briefly describe the stewardship campaign you have used or will be using for the upcoming budget. What is the goal of the campaign?

1. What was the net result of income for the current year? (Refer to EZRA line 52t)

|  |  |  |
| --- | --- | --- |
| Current Year: | $ | Increase or Decrease over last year |
|  | % | Increase or Decrease over last year |

1. What is the total of your church’s investments and how are they designated?

$

1. If you are using invested funds, how are they being used?
2. Number of years salary support has been granted:

*NOTE: Any churches requesting funding beyond one (1) year should expect to be asked to provide a plan for moving back to self-sufficiency.*

1. Dates and Amount(s) of Salary Assistance: (Refer to EZRA line 54a)

|  |  |
| --- | --- |
| Date Received:       (i.e., January 2018) | Amount Received: $ |
| Date Received: | Amount Received: $ |
| Date Received: | Amount Received: $ |
| Date Received: | Amount Received: $ |
| Date Received: | Amount Received: $ |
| **Amount requested this cycle:** | $ |

1. How many other paid positions are there at this church?
2. Please list **all other paid positions**, including position title, salary, and benefits (inclusive of employment taxes, health insurance, etc.): (Refer to EZRA line 45)

1. What additional information does the Commission on Equitable Compensation need to know about your particular mission and ministry that would help in the grant process?

1. What is your church’s unique situation that makes it necessary to apply for a salary grant? What specific plans are in place to address the issues that cause your need for a grant?

1. Attach a copy of the church’s current budget to this application and 6-part Church Summary Graph from EZRA for past year.

***The information in this application has been reviewed by the Pastor, S/PPRC Chair, Admin Board Chair, and Treasurer:***

|  |  |  |  |
| --- | --- | --- | --- |
| Pastor: |  | Date Reviewed: |  |
| E-mail: |  | Telephone: |  |
|  |  |  |  |
| S/PPRC Chair: |  | Date Reviewed: |  |
| E-mail: |  | Telephone: |  |
|  |  |  |  |
| Adm. Council Chair: |  | Date Reviewed: |  |
| E-mail: |  | Telephone: |  |
|  |  |  |  |
| Treasurer: |  | Date Reviewed: |  |
| E-mail: |  | Telephone: |  |