Application for Equitable Compensation Grant

January - June 2018

For Those Receiving a Grant in the Last Half of 2017

Church Name:

Pastor:

District:

Amount of grant for last half of 2017:

Amount requested for first half of 2018:

Are shared giving and direct billing payments up to date, and if not, describe the plan to satisfy these debts."

Have you discussed the possibility of reducing staff costs?

Please describe what steps you have taken since your last application to help resolve the financial shortfall you are experiencing.

***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:  |       |

**Once completed, save files on your computer as “your church name Jan2018” and e-mail it as an attached “Word” file form to your District Superintendent by November 6, 2017.**

 [ i.e. File 🡪 Save As: denverfirstJanuary 2018.doc]

The District Superintendent must provide a narrative with his/her recommendation. The District Superintendent will then forward it to the Benefits Office for consideration by the Commission on Equitable Compensation members.

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:*

Adirondack: BillMudge@unyumc.org

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