**COMMISSION ON EQUITABLE COMPENSATION**

**OF THE**

**UPPER NEW YORK ANNUAL CONFERENCE**

**RENEWAL**

**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 **RENEWAL** application form. **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. 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.

\*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

**RENEWAL 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**

This form is used by churches that previously submitted a full application, received a grant, and have continued or wish to continue receiving a grant.

Church Name:

Pastor:

District:

Amount requested for the next grant period (6 months):

Amount of grant for previous 6 months:

Amount of other salary grants received, if any (dates and amounts):

Are shared ministry giving and direct billed payments up to date? 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:**

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| --- | --- | --- | --- |
| 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: |  |