**UNIFIED FUNDING APPLICATION**

*We are called to make disciples of Jesus Christ for the transformation of the world.*

**Equitable Compensation Support Grant Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

**Equitable Compensation Support may be provided to a church or charge that is not able to pay the minimum equitable compensation amount approved by the annual conference. The support may be provided upon the recommendation of the DS and approval of the Unified Funding Task Force.**

**NOTE: A church that is in arrearage may not apply according to the Arrearage Policy of the Baltimore-Washington Conference.**

* Applications are to be submitted to your district superintendent for approval,

with original signatures for submission to the Unified Funding Task Force.

* + Note: Signed applications are to be submitted to your District Superintendent   
    10 days prior to the application deadline for review.
  + District Superintendents are responsible for submitting the application to the Project Manager,   
    Jo Chesson, for catalog and submittal to the Chairperson of the Unified Funding Task Force by the deadline date.
* Applications received late or not signed will not be considered.
* Do not submit your application to a member of to the Unified Funding Task Force. Your District Superintendent will submit your application to the Project Manager for catalog and submittal to the Chairperson of the Unified Funding Task Force by the deadline date.
* This is a fillable form. Be sure to save a copy for your file.
* Spring application funding will start in July, and fall application funding will start in January.
* To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

***NOTE: Applications received after the due date will automatically be defer to the next funding cycle, with no exceptions. Each application must be complete with ALL signatures before submittal to the Unified Funding Task Force Chairperson via the Project Manager, Jo Chesson.***

Application ID # \_\_\_\_\_\_\_\_\_\_\_

(to be filled in by the Task Force Committee)

Equitable Compensation Support Application

**Equitable Compensation Support Grant Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

Date of Application: Click here to enter text.

Church/Organization Name: Click here to enter text.

Charge: Click here to enter text.

Church ID number: Click here to enter text.

District: Click here to enter text.

Church/Organization Mailing Address: Click here to enter text.

Name of Contact Person (most knowledgeable about this application): Click here to enter text.

Email Address of contact person: Click here to enter text.

Telephone Number(s) of contact person: Home: Click here to enter text. Cell: Click here to enter text. Office: Click here to enter text. Other: Click here to enter text.

**Equitable Compensation Support Grant Funding Request (check one):**

**New Request**

**Renewal Request**

Date of previous request(s): Click here to enter text.

Date evaluation/report(s) submitted: Click here to enter text.

Compensation Total: $ Click here to enter text. (Include cash, housing, benefits, reimbursement)

Cash Compensation: $ Click here to enter text.

Housing: $ Click here to enter text.

Reimbursement: $ Click here to enter text.

Amount Requested: $ Click here to enter text.

**1. Narrative Regarding This Request**

1. How has the congregation been made aware of this request for equitable compensation?

Click here to enter text.

1. What is the Charge’s plan to increase their finances or expand their financial base so that equitable compensation will no longer be needed in 1-3 years?

Click here to enter text.

1. How will the plan be evaluated?

Click here to enter text.

1. Is the Charge willing to participate in district and conference training events?

Click here to enter text.

**2. Congregational Vitality, Growth and Engagement**

*Complete this table*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Projected | Reported to the Conference | | |
| Current Year | Last Year | Two Years Ago |  |
| Number of Church Members | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Worship Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Sunday School Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number of Professions and Reaffirmations of Faith | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Worshipers Engaged in Ministry | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Apportionment Paid | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**3. Status of Congregational Finances**

*Complete this table*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Projected | Reported to the Conference | | |
| Current year | Last year | Two Years Ago |  |
| Total Income (Stat Report 67) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number, Contributing Units | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Operating Expenses (Stat Report Line 62) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Apportionments | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Benevolences | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Total Expenses (Stat Report Lines 53-65) + pension and medical expenses for the pastor – refer to statements from BWC. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Surplus (Deficit) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Conference support | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Summary of Assets**

1. Value of all restricted assets (building funds, designated trusts, endowments) $ Click here to enter text.
2. Value of all unrestricted assets (investments, trusts, etc.) $ Click here to enter text.

Attach copies of bank statements

**Summary of Liabilities**

1. Unpaid pension and medical from previous calendar year $ Click here to enter text.
2. Outstanding loans $ Click here to enter text.   
   Attach copies of loan statements
3. Other indebtedness $ Click here to enter text.
   1. *purpose of debt:* Click here to enter text.
4. Line(s) of Credit $ Click here to enter text.

**4. Information about the Pastor who’s salary would be subsidized**

1. Name of Pastor: Click here to enter text.
2. Pastor contact information
   * Home Phone: Click here to enter text.
   * Office Phone: Click here to enter text.
   * Cell Phone: Click here to enter text.
   * E-mail address: Click here to enter text.
3. Conference relationship *(check one)*

Elder

Associate

Local Pastor

Probationer

1. Current employment status of this appointment *(check one)*

Full time

Part time

If part time, what fraction (check one)  ¾ ½ ¼

1. Number of years of full-time appointment: Click here to enter text.
2. Number of years of service with full pension credit: Click here to enter text.

**5. Attachments**

Please include a copy of the following documents with your application:

1. Current budget
2. Table 1 from each of the last three years’ Statistical Reports
3. Previous year’s audit (or unaudited financial statement)
4. End of year Treasurer’s report for three previous years and latest year to date report
5. Congregational goals and objectives
6. Attach to this application a copy of the current Charge Conference Compensation Report

End of application

Be sure to attach the completed Signature Page

***Applications submitted without signatures will not be considered.***

To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

**6. Authorization and Signatures (**Please print name, sign, date, and provide e-mail address)

All applications must include the appropriate identified signatures

|  |  |
| --- | --- |
| ***Church Council Chairperson*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***Church Treasurer*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***Church Conference Secretary*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***Trustees Chairperson*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***Pastor-In-Charge*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***District Superintendent*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |
| ***Chair of Unified Funding Task Force*** | Print Name Click here to enter text.  Signature  Date Click here to enter text.  Email Address Click here to enter text. |

***Applications submitted without signatures will not be considered.***