

**The Commission on Equitable Compensation and Moving Expenses
Request for Equitable Compensation Grant - 2009
(Incomplete Form Will Be Returned)**

Date of Application _____ Funding Period: _____ to _____
 Pastor's Name: _____ Work Phone: _____ Home Phone: _____
 Mailing Address: _____

CONFERENCE MEMBERSHIP:

- Full Member Associate Member Probationary Member
 Approved Local Pastor Other Denomination Other _____

COMPENSATION TO BE PAID BY THE LOCAL CHURCH(ES): (do not include requested grant amount)				
Name of Church(es) <small>(each church if more than one on Charge)</small>	Membership	Housing Allowance	Total Compensation	PPRC Chair Initials
Total (add all Lines of Total Compensation) ENTER THIS TOTAL ON LINE "E" BELOW	Leave Blank	Leave Blank		Leave Blank

MINIMUM COMPENSATION CALCULATION:

(Please refer to table on reverse side for Minimum Base Compensation and additions for number of years of service)

- A. Minimum Base Compensation for Conference Membership
(see instructions on other side) \$ _____
- B. Additional Compensation for years of service
(see instructions on other side) \$ _____
- C. Additional Compensation for multi-point Charge
(see instructions on other side) \$ _____
- D. Total Minimum Compensation due pastor
(add A + B + C) \$ _____
- E. **Total Compensation to be Paid by Local Church(es)**
(should be same as shown in chart above) \$ _____
- F. **Amount Requested from the Equitable Compensation Fund**
(Note: This amount should be no more than 30% of line D) \$ _____

Additional Information: (Refer to the Equitable Compensation report in the latest Conference Journal)

- Has Pastor's total compensation been approved at Charge/Church Conference? YES NO Date _____
- Has a stewardship/financial campaign been conducted in the last year? YES NO
- Does pastor's reimbursable expense line equal 13% of the pastor's compensation? YES NO \$ _____
- Were apportionments paid in full in the last year? YES NO

If the answer to any question above is "NO", an explanation should be made below.

Number of years this exact Charge has received Equitable Compensation? _____

Number of paid staff (not including clergy): Full-time _____ Part-time _____ Total value of unrestricted funds \$ _____

Explanation: _____

Finance Chair(s) Signature(s) _____

Pastor's Signature _____ District Superintendent's Signature _____

INSTRUCTIONS

1. Use annual figures in your request, even if the request is for only a portion of a year.
(Note: We do not approve requests which overlap two calendar years.)
2. For Total Compensation on front side, include amount paid for each church on the charge, including utilities.
3. To calculate Bonus for years of service (line B on front) use this table. Each calculation has been rounded up to the next dollar.

CHART SHOWING BONUS FOR YEARS OF SERVICE COMPLETED				
Year	Amount		Year	Amount
1	\$0		11	\$401
2	\$0		12	\$468
3	\$0		13	\$534
4	\$0		14	\$601
5	\$0		15	\$668
6	\$67		16	\$734
7	\$134		17	\$802
8	\$200		18	\$869
9	\$267		19	\$945
10	\$334		20 or more	\$1,000

4. Additional Compensation for Multi-point Charge (line C on front) is \$200 for second church and \$100 for each additional church.
5. This is the approved schedule for 200p. This will be your Minimum Base Compensation - Line A.

MINIMUM SALARY LEVELS ADOPTED FOR THE YEAR 2009		
\$	35,050	Full or Probationary Members of the Annual Conference
\$	32,400	Associate Members of the Annual Conference
\$	30,000	Approved Local Pastor or an approved minister from another denomination

6. This form is to be filled out and initialed by the PPRC Chair(s), and signed by the Finance Chair(s), Pastor, and District Superintendent. (DS is responsible for forwarding it to the Conference Treasurer's Office.) If an exception is being requested to any of the standard policies of the annual conference, the District Superintendent should include a letter explaining why the exception is requested.

<i>For Commission Use Only</i>	
Note Relative to Commission Action _____	
Approved _____ Disapproved _____	Chairperson's Signature _____ Date: _____