**UNIFIED FUNDING APPLICATION**

“To inspire and equip local faith communities to develop disciples of Jesus Christ for the transformation of the world.”

**Equitable Compensation Support Grant Application**

***Fall deadline – September 15***

**Equitable Compensation Support maybe 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 and approval of the District Superintendent and the approval of the Unified Funding Task Force.**

* Download this form to your computer, type in your information, save and print a copy for signatures.
* Applications are to be approved and signed by the faith community/church before submittal to your district superintendent for review and recommendation to the taskforce.
  + Note: Signed applications need be submitted to your District Superintendent no later than 10 days prior to the application deadline.
* Do not submit your application directly to the Unified Funding Task Force. Only applications that have had prior approval by your District Superintendent will be reviewed by the Unified Funding Task Force.
* Spring application funding will start in July and fall application funding can start as early as 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.
* Read and review this application carefully as here have been changes made to the application and requested attachments.

***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.***

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 – September 15***

Date of Application: Click here to enter text.

**BACKGROUND INFORMATION**

Name of Faith Community / Church Name: Click here to enter text.

Mailing Address: Click here to enter text.

District: Click here to enter text.

Church ID number: Click here to enter text.

Charge: Click here to enter text.

**Project / Ministry Contact & Information**

Name of Contact Person / Project Coordinator (most knowledgeable about this application):

Click here to enter text.

Contact Person Email Address: Click here to enter text.

Contact Person Telephone Number(s): Home: Click here to enter text. Cell: Click here to enter text.

Office: Click here to enter text. Other: Click here to enter text.

Name of Pastor in Charge:Click here to enter text.

Pastor in Charge Email Address: Click here to enter text.

Pastor in Charge Primary Telephone Number: Click here to enter text.

**Requesting Equitable Compensation Support Grant:**

**This is a “New Request”**

**This is a “Renewal Request” from a previously awarded grant**

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

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

**Amount Being Requested:** $ Click here to enter text.

**PROJECT / PROGRAM INFORMATION**

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

Click here to enter text.

1. Is the Church/Charge willing to participate in district and conference training events? Click here to enter text.
2. What is the Church/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. What goals and benchmarks will be established and how will the plan be evaluated?

Click here to enter text.

1. Indicate SMART goals for this project / ministry and the expected date by which you hope to achieve the goals. (Identify 3-5 goals and action steps including timeline)

SMART goals are: **S** = Specific  
**M** = Measurable  
**A** = Aligned and Agreed Upon  
**R** = Realistic and Relevant  
**T** = Time-bound

|  |  |
| --- | --- |
| **Smart Goals** | **Timeline** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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

1. Name of Pastor Equitable Compensation grant request is for: 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

Other Click here to enter text.

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.

**BUDGET INFORMATION**

Include total expected expenditures and income in the following budget areas. Additionally, you will need to attach a detailed itemized budget.

**Expenses**

Total for Salary/Compensation $ Click here to enter text.

Total for Pension and Medical: $ Click here to enter text.

Total Housing: $ Click here to enter text.

Total for Reimbursement: $ Click here to enter text.

Total Grant Funds being Requested: $ Click here to enter text.

**Income**

Fundraising: $ Click here to enter text.

Others grant sources: $ Click here to enter text.

Matching Funds $ Click here to enter text.

Other: $ Click here to enter text.

**Leveraging Other Sources / Status of Other Funding**

a. If receiving other funding sources, please describe how other funders have supported this project and results:

Click here to enter text.

1. Are you currently investigating the use of funding from any of the following groups?

Conference Advance Specials: Click here to enter text.

Regional District Funding: Click here to enter text.

Equitable Compensation: Click here to enter text.

BWC Loans and Grants: Click here to enter text.

General Boards or Agencies: Click here to enter text.

Planned Giving: Click here to enter text.

Foundations: Click here to enter text.

Others: Click here to enter text.

1. Will you or have you applied for matching funds?

No

Yes

If yes, who are you receiving matching funds from? Click here to enter text.

* 1. How much has been received or is expected? Click here to enter text.
  2. How will the matching funds be used? Click here to enter text.

**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. |  |

**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.
3. Attach copies of bank statements to validate information.

**Summary of** **Indebtedness (if this does not apply enter Not Applicable)**

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.

*purpose of debt:* Click here to enter text.

1. Line(s) of Credit: $ Click here to enter text.
2. Apportionment Status:% Click here to enter text. paid current year

% Click here to enter text. paid previous year

**Attachments to be included**

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

1. Current Faith Community / Church 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. Responses from all other funding sources
6. Project / Ministry / Congregational goals and objectives
7. 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.

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

**FAITH COMMUNITY/CHURCH APPROVALS AND AUTHORIZATION SIGNATURES**

* ***Church/Administrative Council Chairperson***

Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Church/Charge Conference Recording Secretary***

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.

* ***SPRC/PPRC 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.

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

**DISTRICT SUPERINTENDENT APPROVAL AND AUTHORIZATION SIGNATURE**

* ***District Superintendent*** Print Name Click here to enter text.

Signature

Date

Email Address

**BWC IN-HOUSE SIGNATURES**

* ***Equitable Compensation Representative*** (to be signed in-house after review with District Superintendent)

Print Name

Signature

Date

Email Address