

**WESTERN NORTH CAROLINA CONFERENCE COMMISSION ON EQUITABLE COMPENSATION
2017 APPLICATION FOR EQUITABLE COMPENSATION GRANT**

January – December (12 months)

District: _____

Clergy Name: _____

Clergy Address: _____

Clergy Status: _____

Full Time Part Time If Part Time ¼ ½ ¾

If Local Pastor, completed Course of Study? Yes No (must be at least ¾ time to receive grant)

Charge Name _____

Total membership of Charge _____ Average Worship for Charge: _____

If multiple church charge, please list:

- | | |
|-----------------------------|-----------------------------|
| 1. Church Name _____ | 2. Church Name _____ |
| Membership _____ | Membership _____ |
| Attendance in Worship _____ | Attendance in Worship _____ |
| 3. Church Name _____ | 4. Church Name _____ |
| Membership _____ | Membership _____ |
| Attendance in Worship _____ | Attendance in Worship _____ |

Who is to receive check? (Cannot be the minister)

Name: _____ Phone number: _____

Address: _____

Pastor is eligible for minimum compensation totaling: _____

Amount requested from other sources: _____

Amount to be paid by the church: _____

Amount requested from the Commission on Equitable Compensation: _____

(Maximum request may be no more than 30% of the appropriate minimum pastoral compensation)

Type of Grant:

Regular salary grant Emergency Sustentation Grant

New grant: Yes No (If "no", check number of years grant received below)

___ months 1 year 2 years 3 years ___ years (more than 3)

Required documentation to be submitted with this application include **a written plan for decreasing reliance on equitable compensation and letters of support from pastor, church leadership, and district superintendent.** This form is to be completed, signed and sent to the office of Amy Coles. It must be RECEIVED by April 14, 2017. None will be considered after that date as the forms will be processed and sent to the Commission for their meeting on April 27, 2017.

District Superintendent _____ Date _____

Clergy _____ Date _____

Charge Conference Secretary _____ Date _____

* Continuing equitable compensation grants are expected to be reduced by 30% each year and will be awarded for no more than 3 consecutive years. Appeals for waiver of this reduction or 3-year time limit must be made in writing to the Commission (send to Rev. Neal Jones, 6000 Old Salisbury-Concord Road, Kannapolis, NC 28083) and attached to this application.

<p>Equitable Comp Commission Use Only Amount Approved: \$ _____</p>
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