

**WESTERN NORTH CAROLINA CONFERENCE COMMISSION ON EQUITABLE COMPENSATION  
2018 APPLICATION FOR EQUITABLE COMPENSATION GRANT**

January – June (6 months)

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 includes **a written plan decreasing reliance on equitable compensation and letters of support from pastor, church leadership and district superintendent.** This form must be signed, completed and sent to the office of Amy Coles. **It must be RECEIVED by November 16, 2017.** None will be considered after that date as the forms will be processed and sent to the Commission for their meeting early in December.

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