

Churches/Charge Requesting Grant: \_\_\_\_\_  
 Church ID # of the Paying Agent of the church/charge: ID# \_\_\_\_\_  
 District the Church or Charge Resides: \_\_\_\_\_



# Application for Funding for 2018

Date: \_\_\_\_\_

## Commission on Equitable Compensation Western Pennsylvania Annual Conference

Rev. Corben M. Russell (12), Chairperson; Rev Larry Reitz (14), Vice-Chair;  
 Rev Doug Myers (16), Secretary;  
 Rev. Debra Mason (16); Richard Payne (14); Rev. Lea Guiney (13);  
 Rev. Sharon Hamley (16); Rev. John Jeffries (16); Patti Thomas (16);  
 Rev. Joel Garrett, Cabinet Representative; Rev. Pat Nelson Cabinet Rep Alt;

**Please mail two copies** of this completed application and supporting documents to your District Superintendent. Your Superintendent will then add her/his documentation and forward one copy to the Chairperson of Commission on Equitable Compensation via email when possible and the District office shall retain a copy.

**QUESTIONS?** Please contact your District Superintendent -or-  
 Chairperson: Rev. Corben M. Russell, 201 Hillcrest Drive, Dubois, PA 15801  
 Telephone: 724.601.6161 E-mail: corbenbrendapearl@yahoo.com

**DUE:** For the January through June Appointment Year..... November 1  
 For the July through December Appointment Year..... May 1  
 Emergency Grant Request.....As soon as possible

**Please Understand:**

1. CEC support is primarily intended **for temporary** financial needs or unforeseen circumstances for FULL TIME pastors.
2. A hearing may be requested by the Commission on Equitable Compensation.
3. **Required Documentation:**
  - The Completed Application found on the following pages
  - "Charge Conference Summary Form" (for each church requesting funding)
  - Annual Fund Balance Report from the previous year (for each church requesting funding)
  - Rationale letter from the District Superintendent
  - Amount and Source of any additional funding grants, if applicable
4. Grants, when approved, are intended to continue for a maximum of four (4) years usually with a 25% reduction of the original grant in each of the second, third, and fourth years.
5. The maximum grant will not exceed 30% of the current conference minimum salary for your pastor's appropriate category (AM, FE, FL, PE)

# Application for Clergy Salary Support from the Equitable Compensation Fund

The Equitable Compensation Fund comes from the congregations of our conference through our Connectional Apportionment. Please consider with deep thought and prayer your charge situation and existing reserve finds prior to a request for Funds.

1. **This Request Is for the Following Time Period:**

\_\_\_\_\_ January – June      \_\_\_\_\_ July - December      \_\_\_\_\_ Emergency

Pastor: \_\_\_\_\_ Pastoral Status (AM, FE, FL, PE): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. **Request Amount for the six-month period or Emergency: \$** \_\_\_\_\_

3. **Charge Information:** (Please list the charge churches/attendance of the entire charge.)

<b>Church</b>	<b>Membership</b>	<b>Average Attendance</b>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

4. **Reason for this request:** (You may attach additional documentation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **How long do you anticipate to require Salary Support?**

\_\_\_\_\_

6. **CHURCH ADDRESS:** Please provide the specific church name and address where grant checks, if approved, should be sent. This is the paying agent of the church/charge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. **Signatures:**

_____	_____	_____	_____
SPPR/PPR Chairperson	Date	Church Council	Date
_____	_____	_____	_____
District Superintendent	Date	Pastor	Date