

**FLOURISH!**  
**Compensation Support Grant Application**  
**Christian Church (Disciples of Christ) in Indiana**

A. Congregation:

Pastor's Name:

Pastor's Beginning Date:

Position for which this grant intended:

1. Average worship attendance
2. Participating members
3. Number of Paid Church Staff
4. Paid Staff Positions

5. List the actual expenses for the position for which this application is intended.

2015 (Actual)    2016 (Actual)    2017 (Budget)

Compensation

Base Salary

Housing Allowance/Parsonage Value

Utilities

Tax Deferred Retirement Account

Benefits

Pension Fund

Health Care Insurance

Other

Total    (Comp & Benefits)

Reimbursable Business Expenses

Auto

Convention

Books

Continuing Education

Other Professional Expenses

**Total**

6. Please submit income/expense reports for the last 2 full years and your 2017 budget.

- B. What percentage of your total income comes from these sources?
- a. Pledges/regular giving?
  - b. Building rental
  - c. Programs
  - d. Endowment
  - e. Other

What is the number of giving units in your church?

- C. Please share your response to the following questions:  
Do you have an annual stewardship campaign?

How is giving encouraged in the life of your church?

How will this grant benefit your congregation's mission and ministry?

