

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 (Full and Part Time)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____

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

	2018 (Actual)	2019 (Actual)	2020 (Budget)
<u>Compensation</u>			
Base Salary	_____	_____	_____
Housing Allowance/Parsonage Value	_____	_____	_____
Utilities	_____	_____	_____
Tax Deferred Retirement Account	_____	_____	_____
 <u>Benefits</u>			
Pension Fund	_____	_____	_____
Health Care Insurance	_____	_____	_____
Other	_____	_____	_____
 Total (Comp & Benefits)	_____	_____	_____
 <u>Reimbursable Business Expenses</u>			
Auto	_____	_____	_____
Convention	_____	_____	_____
Books	_____	_____	_____
Continuing Education	_____	_____	_____
Other Professional Expenses	_____	_____	_____
 Total	_____	_____	_____

6. Please submit income/expense reports for the last 2 full years and your 2019 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? _____
