

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? _____

By submitting this request, the congregation agrees to the criteria set forth in the Compensation Support Grant guidelines including attending the Financial Literacy Academy and subsequent coaching. The congregation will submit annual certification of matching funds:

Signatures:

Senior Minister

Email

Board Chairperson

E-mail

Treasurer

Email

Church Address (Including City, State, Zip)

Telephone

(Please attach necessary financial documents.)

To be completed by the Relief Grant team:

Date received:	Approved?	Yes	No
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Authorized Signature:	Date:
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