

# 2019 Charge Conference Instruction Form



## Wesley Foundations

### District Wide Charge Conference

One District-Wide Charge Conference will be held this year. Each district's date, time, and location are listed below. All completed forms (with attachments) are due to the district office **ONE MONTH** prior to the District-Wide Charge Conference date.

- Central District: Sunday, November 17 6:00 St. James UMC, Little Rock
- Northeast District: Saturday, December 7 10:00 Jonesboro First UMC
- Northwest District: Sunday, November 24 3:00 Russellville First UMC
- Southeast District: Saturday, November 16 10:00 Stuttgart First UMC
- Southwest District: Sunday, November 17 3:00 Malvern First UMC

### Charge Conference Packet

- Charge Conference packets/forms may be found online at [www.arumc.org](http://www.arumc.org) under "Resources, then Forms and Documents" tab. **These forms MUST be downloaded first.** Upon downloading and saving the PDF version of the forms to your computer, you must use Adobe Acrobat or Adobe Reader to open the file in order to enter your data. The built-in Windows 10 and Mac OS PDF readers will not allow you to fill in the forms. Adobe Reader is free and can be downloaded from [www.adobe.com](http://www.adobe.com).
- The *Pastor's Membership Report* and the *Pastor's Compensation Form* are set up to calculate totals. Navigation Tip: Use the "TAB" key to navigate through the forms. If you hit "Enter/Return" by accident, just backspace or "UNDO." The calculations are executed by tabbing to the next field.
- Contents of the Charge Conference packet should be approved by the Church Council/ Administrative Board/Governing Body **before submitting to the District Office.**
- Materials should not be presented in a binder, as this must be taken apart and placed in the permanent file. Please do not staple any forms together as all staples have to be removed for scanning.
- Mail, email, or deliver **ONE (1) copy** of the Charge Conference packet **ALONG WITH AN UPDATED CHURCH LEADERSHIP LIST** (received in a separate email from the District Office) for each church to your District Superintendent. Remember to print a copy for the church files.

## 2019 Board Recommendation for Charge Conference

The following Wesley Foundation (s) held a meeting of the Board of Directors to recommend charge conference packet (s) for approval at the District Wide Charge Conference:

Wesley Foundation Name (s) here \_\_\_\_\_

The Board Meeting was held on \_\_\_\_\_, 2019 at \_\_\_\_\_.

The Board Meeting was chaired by \_\_\_\_\_.

**Recording Secretary is to initial each item  
indicating the governing board has reviewed and is recommending the Charge Conference Packet.**

Items that require a vote to approve:	Recording Secretary initials	DISTRICT OFFICE USE
Director's Membership Report		
Pastor(s)' Compensation Record(s) (All appointed or assigned pastors)		
Lay Servants (attach list if needed) Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Renewal Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Renewal Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Renewal Certified Lay Speakers Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Renewal		
Candidates for Ministry - Form 104 Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Continuance Name _____ <input type="checkbox"/> Initial Yr. Approval <input type="checkbox"/> Continuance		
<b>Required Written Reports:</b>		
<input type="checkbox"/> Director's Written Report (all appointed/assigned pastors) <input type="checkbox"/> Signed Trustee Report <input type="checkbox"/> Signed Finance Report <input type="checkbox"/> 200,000 Reasons' Report <input type="checkbox"/> Signed Policy on Misconduct of Sexual Nature <input type="checkbox"/> Board of Director's List <input type="checkbox"/> Culture of Call		
<b>Policies to Submit:</b>		
<input type="checkbox"/> Safe Sanctuary Policy <input type="checkbox"/> Financial Control Policy <input type="checkbox"/> Accountable Reimbursement Policy (if applicable) <input type="checkbox"/> Accessibility Audit and Plan (if applicable)		

The Board of Directors approves of submitted recommendations and reports, and forwards these submissions to the District-wide Charge Conference for adoption.

Recording Secretary's Signature \_\_\_\_\_

<b>DISTRICT OFFICE USE</b>
<b>The Charge Conference approved the submitted packet on (date) _____ at _____.</b> <b>District Superintendent Signature _____</b>

Please save this completed form with the congregation's copy of the Charge Conference File.

## **2019 Director's Membership Report**

*This report is done on a yearly basis and is dated from **Charge Conference date to Charge Conference date.***

**Wesley Foundation** \_\_\_\_\_ **Date** \_\_\_\_\_

- I. Since the date of the last charge conference have any participants in the ministry been baptized (who are not counted on the baptized roll of a local United Methodist Church?)** \_\_\_\_\_
- II. Attach the 2019 Campus Ministry Metrics Report**

# 2020 Pastor's Compensation Form



Pastor: \_\_\_\_\_ Church: \_\_\_\_\_  
 For Period of: January 1, 2020 through December 31, 2020

		2019	2020
Housing	Parsonage Provided – Write Yes or No		
	Date of (S)PPRC chairperson parsonage inspection		
	Housing Allowance - May only be used in lieu of parsonage		
Payment	Church Contribution to Pastor Compensation (Salary from Church)	1	
	Equitable Compensation or Mission Local Church Support - Compensation support received from the Annual Conference	2	
	Cash Allowances paid directly to pastor without documentation required (non-accountable plans not already included in line 1)	3	
	Utilities and Appurtenances – Amount paid to pastor for utilities and other housing related expenses under designation by the church. See IRS Publication 517 for more information.	4	
	<b>TOTAL OR GROSS CASH PAYMENT - Add Lines 1-4</b>	<b>5</b>	
Deductions	Flexible Spending Plan - This is a FSP that the pastor sets following IRS Cafeteria Plan Section 125 Rules. This may NOT be used for health insurance premiums. It is a before tax payroll deduction which is elected annually and is a Use it or Lose it amount.	6	
	UMPIP Contribution - This is a voluntary amount elected by the pastor to be paid into UMPIP. FOR CHURCH MATCH, PASTOR MUST CONTRIBUTE AT LEAST 1% OF COMPENSATION.	7	
	UMPIP Contribution - Is this tax-deferred? Write Yes or No	7b	
	403B Contribution to Other than UMPIP - This is a contribution to an IRA held with a bank or investment firm. <b>There must a voluntary compensation reduction agreement on file with the church and you may elect it to be tax-deferred.</b>	8	
	<b>Total Payroll Deductions - Add lines 6-8</b>	9	
Net	<b>Net Compensation - Subtract Line 9 from Line 5</b>	10	
Total	<b>TOTAL CASH COMPENSATION - Transfer from Line 5</b>	<b>11</b>	
Reimburse	Accountable Reimbursement - This is only paid out via voucher, with receipts required, and represents maximum available. <b>Written Reimbursement Policy Must Be Agreed Upon and On File at Church</b>	12	
Appointment	<b>TOTAL COMPENSATION AND REIMBURSEMENTS - Add Lines 11 and 12</b>	<b>13</b>	
Benefits	Does the church provide group insurance for the staff in which the pastor participates? <b>Write Yes or No</b>	14	
	How much vacation time will be given your pastor this year? (p. 379 2018 Arkansas Conference Journal)	15	

**For all full-time pastors, the church will be responsible for a pension benefit of 14% of total comp plus housing and will be direct billed by the conference office. This is a benefit and not included in the total compensation paid to the pastor.**

The Pastor Parish Relations Committee recommends compensation after consultation with the pastor and the District Superintendent. The recommendation is reported to the Finance Committee and the Administrative Board/Council for discussion and agreement. The Charge Conference sets compensation. The church is obligated to compensate the pastor as this level until the end of the conference year. (§624.1)

_____ <b>Pastor</b>	_____ <b>Treasurer</b>	_____ <b>S/PPRC Chairperson</b>
_____ <b>District Superintendent</b>		

## Pastor's 2020 Compensation Form Instructions



### Housing

- **Parsonage Provided** – If your church provides a parsonage answer “Yes” otherwise answer “No”
- **Date of Parsonage Inspection** – Write the date of the last inspection of the church owned parsonage. If the church does not provide a parsonage then leave this line blank.
- **Housing Allowance** – List the amount of money the church provides for the pastor's housing allowance. This is only in lieu of a church owned or leased parsonage. The pastor does not have to provide the church receipts for reimbursements and these funds. This amount may be reported on box 14 of the pastor's W2.

### Payment

- **Church Contribution to Pastor Compensation** – List the total pastor's salary as approved by the charge/church conference prior to any deductions. Do not include other compensation items listed below (Equitable Compensation, Cash Allowances, or Utilities and Appurtenances).
- **Equitable Compensation or Mission Local Church Support** – List all funds received from the Conference for the support of the salary for the pastor.
- **Cash Allowances** – List any amount paid to the pastor for non-accountable cash allowances. This may include, but not limited to car or travel allowance, discretionary funds, and/or expense accounts.
- **Utilities and Appurtenances** – List funds designated for use by the pastor for housing related expenses as provided for by IRS section 107. This may include utilities, furnishings, or other non-consumable housing related expenses. More information on this topic can be found in IRS Publication 517 or by visiting [www.umc.org/gcfa/tax-packet](http://www.umc.org/gcfa/tax-packet).

### Deductions

- **Flexible Spending Plan** – These plans sometimes referred to as Cafeteria 125 plans may only be used in conjunction with a bona fide group health care plan. If the church does not offer the pastor health care coverage through a group plan, then flexible spending plans may not be used for health care reimbursements. In other words, these plans cannot be used to reimburse medical expenses, including premiums for plans bought through the medical exchange.
- **UMPIP Contribution** – This is the voluntary contribution by the pastor to the United Methodist Personal Investment Plan (UMPIP). These funds may be withheld on either a tax-deferred or tax-paid basis. At least 1% of plan compensation (Line 5 plus housing) must be contributed in order to receive a 1% matching contribution.
- **UMPIP Contribution Tax Deferred** – If the contribution from the prior line is contributed on a tax-deferred basis then write “Yes” on line 7b. If the contribution is being made after-tax write “no.”
- **403B Contribution Other Than UMPIP** – List any amount being contributed to a retirement fund for the pastor other than UMPIP. Please indicate whether this is being made on a tax-deferred basis.

### Reimbursements and Benefits

- **Accountable Reimbursement** – Fund established to reimburse the pastor for expenses. This should only be established with a written policy set by the church and requires written documentation of expenses. For more information and sample policies visit [www.umc.org/gcfa/tax-packet](http://www.umc.org/gcfa/tax-packet).
- **Does the Church Provide Group Insurance for You** – Please write yes or no if the church provides group insurance for the staff for the 2020 calendar year in which YOU participate.

**THE UNITED METHODIST CHURCH**  
**DECLARATION OF CANDIDACY FOR ORDAINED MINISTRY**  
**CHARGE CONFERENCE RECOMMENDATION**  
**(or equivalent body)**

*This form is to be completed on all new or continuing candidates for ministry.*

**Candidate Name:**  
**(please print)**

**Charge:**

**Date:**

**For Continuing Candidates:** I hereby request **continuation** of my candidacy for ordained ministry in The United Methodist Church and request support and recommendation of the Charge Conference for continued certification as a candidate for:

Order of Deacons ☐

Order of Elders ☐

License as Local Pastor ☐

**For New Candidates:**

I hereby declare my candidacy for ordained ministry in The United Methodist Church and request the support and recommendation of the Charge Conference or equivalent body as specified by the district committee on ordained ministry for certification as a candidate for:

Order of Deacons ☐

Order of Elders ☐

License as Local Pastor ☐

**CHARGE CONFERENCE RECOMMENDATION (or equivalent body)**

Let those who consider recommending persons for candidacy as ordained ministers in The United Methodist Church ask themselves the following questions which were first asked by John Wesley at the third conference of Methodist preachers in 1746. (See Discipline ¶310)

1. Do they know God as a pardoning God? Have they the love of God abiding in them? Do they desire nothing but God? Are they holy in all manner of conversation?
2. Have they gifts, as well as grace, for the work? Have they a clear, sound understanding; a right judgment in the things of God; a just conception of salvation by faith? Do they speak justly, readily, clearly?
3. Have they fruit? (Elder and Local Pastor) Have any been truly convinced of sin and converted to God, and are believers edified by their preaching? (Deacon) Are others edified by their service?

Believing that \_\_\_\_\_ is called of God and is a suitable candidate for ordained ministry in the United Methodist Church, (the recommending body) \_\_\_\_\_ recommends him/her for certification as a candidate to the District Committee on Ordained Ministry. In making this recommendation, we attest to the fact that the declared candidate has been a professing member in good standing of The United Methodist Church or a baptized participant of a recognized United Methodist campus ministry or other United Methodist ministry setting for a minimum of one (1) year, has graduated from an accredited high school or received a certificate of equivalency, and has received by written ballot a two-thirds vote of this body.

Signed

Date

\_\_\_\_\_  
Signature of authorized elder, district superintendent, or bishop

Conference

District

This Declaration of Candidacy for Ordained Ministry should be sent to the district office for the candidate's file.

## Board of Directors

**Name of Wesley Foundation:**

Board of Directors		
Name	Phone	Email

Annual Conference Lay Member and Alternate			
	Name	Phone	Email
Lay Member:			
Alternate:			

**2019 DIRECTOR’S WRITTEN REPORT**

**Director’s**  
**Name:** \_\_\_\_\_ **Wesley**  
**Foundation:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 200,000 Reasons Report 2019

**Church**

**Date**

Please describe how your ministry is participating in 200,000 Reasons by helping hungry children and their families. What plans do you have to expand your current ministry or to start new ones?

# Report of the Trustees

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## Wesley Foundations



The trustees are amenable to the Charge Conference and as such are required to make an annual report.

Wesley Foundation: \_\_\_\_\_ Charge: \_\_\_\_\_

District: \_\_\_\_\_ Conference: \_\_\_\_\_

Period beginning (prior Charge Conf. date) \_\_\_\_\_ and ending (current Charge Conf. date) \_\_\_\_\_

1. Is the local Wesley Foundation incorporated (§2529.1)? ☐ Yes ☐ No
2. Name or names in which title to each piece of property is recorded, as shown by civil land records (§2538, 2536) Does each deed contain Trust Clause (§2503)?

	Name(s)	Trust Clause	County Clerk Office	Book	Page
Church Buildings		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Church Buildings		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parsonages		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Land		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Who is the custodian of deeds/other legal papers? \_\_\_\_\_

4. Where are they kept? \_\_\_\_\_

*(It is recommended these documents be kept in a safety deposit or lock box, or contact the district office for guidance.)*

5. Do you have a long-term plan for the maintenance and replacement of facilities and equipment?

☐ Yes ☐ No

6. Have the buildings been inspected for fire, mold, and other safety hazards within the past year?

☐ Yes ☐ No

If not, what are your plans for addressing safety hazards?

7. Has an accessibility audit for Wesley Foundation properties been conducted and placed on file in the church office (§2533.6) and submitted to the District Office?

☐ Yes ☐ No

(Accessibility Audit Form may be found at: <http://www.gcfa.org/forms>).

If not, what are your plans for creating accessibility?

## Report of the Trustees

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8. Insurance (§2533.2, 2550.7). Please list the results of the annual review as required by the 2016 Book of Discipline.

Item Insured/ Insurance	Replacement Value	Amount of Coverage	Type of Coverage	Company	Policy Number	Restricted by Coinsurance (yes or no and amount)	Expires When
Church Buildings						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Parsonage(s)						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Church Furnishings & Equipment						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Parsonage Furnishings & Equipment						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Vehicle(s)						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
General Liability						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Worker's Compensation						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Directors/Officers/Error s & Omissions/Crime						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	
Professional Liability Coverage (Including Sexual Misconduct)						<input type="checkbox"/> Y Amount: <input type="checkbox"/> N	

9. Provide a detailed list of endowments, income-producing and permanent funds.

Item	Date Received	Amount	Where Invested	Income

Trustee Chair (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Report of the Trustees

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**A copy of the Safe Sanctuary Policy is to be submitted  
along with this signature page  
indicating a current review and approval.**

### Safe Sanctuary Policy

The Safe Sanctuary Policy has been reviewed (and revised, if necessary) and approved.  
A copy is on file in the church office and district office.

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**Pastor's Signature**

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**Printed Name**

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**Trustee Chair Signature**

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**Printed Name**



## POLICY STATEMENT ON MISCONDUCT OF A SEXUAL NATURE

*This form is to be filled out for each church, properly signed and dated. This is to be done annually. Clearly indicate the name of the church in the proper places. This policy **shall** be read by the Board/Council, Pastor(s), and staff, adopted by the local Church and signed by the pastor, all staff and volunteers in children, youth, and vulnerable adult areas.*

### I. Statement of Policy

The \_\_\_\_\_ United Methodist Church affirms the 2000 Book of Resolutions, Sexual Abuse within the Ministerial Relationship and Sexual Harassment within the Church, which states that sexual abuse within the ministerial relationship and sexual harassment within the church as incompatible with biblical teachings of hospitality, justice and healing. In accordance with the 2012 Book of Discipline (§161.F), "We affirm that all persons are individuals of sacred worth, created in the image of God." As the promise of Galatians 3-28 states: "...you are all one in Christ Jesus." We support equality among all persons without regard to ethnicity, situation, or gender.

Misconduct of a sexual nature within the life of the church interferes with its moral mission. For the purpose of this statement, sexual misconduct includes sexual abuse and sexual harassment. Sexual abuse within the ministerial relationship occurs when a person within a ministerial role of leadership (pastor, educator, counselor, youth leader or other position of leadership) engages in sexual contact or sexualized behavior with a congregant, client, employee, student, staff member, co-worker, volunteer, person being counseled or any other person to whom the minister relates in his/her capacity as a minister. **Sexual harassment means any unwanted sexual advance or demand, written, electronic, verbal or physical that is reasonably perceived by the recipient as demeaning, intimidating, or coercive.** Sexual misconduct involves a betrayal of sacred trust, a violation of the ministerial role or exploitation of those who may be vulnerable for any reason.

\_\_\_\_\_ United Methodist Church stands in opposition to the sin of misconduct of a sexual nature in the Church and society at large and commits itself to fair and expedient investigation of any charge of sexual misconduct within the church and to take action deemed appropriate and in compliance with the Book of Discipline. Further, this church will make reasonable efforts to create an environment of hospitality for all persons, male or female, which is free of misconduct of a sexual nature and encourages respect, equality and kinship in Christ.

### II. Procedures

A. If you experience what you consider to be sexual misconduct, you may choose to keep a written record of your experiences including dates, times, places, and witnesses and should keep any written material you may have received from the person you believed to have acted inappropriately. You may, if you wish, confront the person with the inappropriate behavior and demand that it cease. If you choose not to confront the person alone, you may ask someone to accompany you to confront the person and seek a correction of the behavior and reconciliation. **If you choose not to confront the person or if the behavior continues, you are encouraged to report the incident to the chair of the person's appropriate evaluating committee or the staff/pastor relations committee, (e.g., a member, pastor or church staff member would be reported to the chair of the staff/pastor relations committee; a district superintendent to the chair of the committee on superintendency; a bishop to the chair of the committee on episcopacy).** If the conflict is not resolved to your satisfaction, the committee chair shall convene the entire committee to meet with the accused, the person bringing the accusations, and each supporting person. If the situation is not resolved to your satisfaction following these efforts, then you may follow the Discipline's procedures for grievances, complaints, and charges.

B. If you are confronted by someone who believes that he or she has experienced or observed inappropriate behavior on your part, listen to the accusation and change the behavior as may be needed or otherwise resolve the situation and reconcile the relationship where possible. **If you are unable to resolve the situation with your accuser, contact the chair of your appropriate evaluating committee or the staff/pastor relations committee.** Ask to meet with your accuser and committee chair to attempt to resolve the conflict. The accused and the person bringing the accusation both have the right to bring a supportive person to this meeting. If the conflict remains unresolved, the committee chair shall convene the entire committee to meet with the accused, the person bringing the accusations, and each supporting person. If the situation is not resolved to your satisfaction following these efforts, the Discipline's procedures for grievances, complaints, and charges may be followed.

C. If you receive a report from someone else regarding a third person's alleged inappropriate behavior, listen seriously and objectively. Help the person follow the steps outlined above. If you are a clergy/church professional in a paid supervisory position in the local church or a conference agency, and an employee or member is reportedly being harassed, you should immediately take corrective and/or preventative action.

D. Remember that all mandated reporters must immediately report any reasonably suspected child maltreatment to the Arkansas Child Maltreatment hotline in accordance with state law. Where child maltreatment is reasonably suspected, please consult the church's Safe Sanctuary policy for additional information.

## POLICY STATEMENT ON MISCONDUCT OF A SEXUAL NATURE

Date adopted by the Church Council/Administrative Board \_\_\_\_ / \_\_\_\_ /2019

Signatures of Administrative Board/Church Council Chairperson and all paid staff.

Signature	Signature	Signature

# 2019 Wesley Foundation Finance Report

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Wesley Foundation Financial Integrity Policy is to be reviewed, signed by the director and finance chair, and kept on file in the Wesley Foundation office. If changes are made to the policy, a copy will need to be sent to the district office.

Wesley Foundation \_\_\_\_\_ Charge \_\_\_\_\_  
District \_\_\_\_\_ Conference \_\_\_\_\_

Period beginning (prior Charge Conf. date) \_\_\_\_\_ and ending (current Charge Conference date) \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_

## I. Budget and Commitment Plan

- a) How frequently does the Financial Secretary/Treasurer send contributors regular reports of their giving?
- ☐ Monthly    ☐ Quarterly    ☐ Semi-annually    ☐ Annually    ☐ We do not send reports
- b) Is the Board of Directors fulfilling its responsibility to make plans to raise sufficient funds to meet the adopted budget?    ☐ Yes    ☐ No
- c) Does the Financial Secretary/Treasurer report regularly to the Board of Directors on giving trends?    ☐ Yes    ☐ No    If no, then how are giving trends reported?
- \_\_\_\_\_

## II. The Handling of Wesley Foundation Funds

- a) Does the Treasurer regularly make reports to the Wesley Foundation Board on the financial position of the ministry?    ☐ Yes    ☐ No
- If no, how are the members of the Board of Directors informed on financial matters?
- \_\_\_\_\_
- b) What bank(s) have been designated by the Board of Directors as a depository (§258.4d)?
- \_\_\_\_\_
- \_\_\_\_\_
- c) Wesley Foundations must have a Financial Control Policy on file as an Accountable Reimbursement Policy (if applicable). Policies must be reviewed and signed by your director and finance chairperson and submitted to the District office on a yearly basis.

# Wesley Foundation Finance Report

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- d) Are the gifts and offerings counted by a counting committee of at least 2 (two) unrelated individuals? (§258.4a)?  
☐ Yes ☐ No

List names below:

_____	_____
_____	_____

- e) Are all funds deposited promptly in accordance with procedures developed by the Finance Committee (§258.4a,d)?  
☐ Yes ☐ No

- f) Are financial officers of the Wesley Foundation bonded or insured (§258.4b)? ☐ Yes ☐ No  
If no, why not?

\_\_\_\_\_

- g) Have the financial records of the Wesley Foundation and all its organizations been audited (or financially reviewed) for the prior fiscal year? ☐ Yes ☐ No

a. Who conducted the audit or a financial review? \_\_\_\_\_

b. When will you conduct an audit or financial review? \_\_\_\_\_

c. Were there any recommendations or exceptions? ☐ Yes ☐ No

d. If there were recommendations or exceptions, how has the church addressed them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Finance Chair (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date



# Wesley Foundation Finance Report

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**A copy of each policy is to be submitted  
along with this signature page  
indicating a current review and approval.**

## **Financial Control Policy**

The Financial Control Policy has been reviewed (and revised, if necessary) and approved.

A copy is on file in the district office.

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**Pastor's Signature**

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**Printed Name**

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**Finance Chair Signature**

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**Printed Name**

## **Accountable Reimbursement Policy**

*Required when compensation packages include Accountable Reimbursement*

The Accountable Reimbursement Policy (if applicable) has been reviewed (and revised, if necessary) and approved. A copy is on file in the district office.

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**Pastor's Signature**

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**Printed Name**

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**Finance Chair Signature**

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**Printed Name**

# Culture of Call 2019



Church \_\_\_\_\_

Pastor \_\_\_\_\_

**List persons involved in conversations or exploring a call to lay or ordained ministry:**

Name and Email Address	Age Generation	Potential Service (if known) Mark all that apply	Has person met with Pastor
Name  Email	<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School _____ Grad Date <input type="checkbox"/> Generation Z (College) <input type="checkbox"/> Millennial (20s & 30s) <input type="checkbox"/> Generation X (40s & 50s) <input type="checkbox"/> Baby Boomers (60s & 70s)	<input type="checkbox"/> Lay Vocational Ministry <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Licensed Local Pastor <input type="checkbox"/> Beyond local church <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name  Email	<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School _____ Grad Date <input type="checkbox"/> Generation Z (College) <input type="checkbox"/> Millennial (20s & 30s) <input type="checkbox"/> Generation X (40s & 50s) <input type="checkbox"/> Baby Boomers (60s & 70s)	<input type="checkbox"/> Lay Vocational Ministry <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Licensed Local Pastor <input type="checkbox"/> Beyond local church <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name  Email	<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School _____ Grad Date <input type="checkbox"/> Generation Z (College) <input type="checkbox"/> Millennial (20s & 30s) <input type="checkbox"/> Generation X (40s & 50s) <input type="checkbox"/> Baby Boomers (60s & 70s)	<input type="checkbox"/> Lay Vocational Ministry <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Licensed Local Pastor <input type="checkbox"/> Beyond local church <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List persons from your congregation currently preparing for ordained or licensed ministry:**

Name and Email Address	Age Generation	Potential Service (if known) Mark all that apply	Certified Candidate by dCOM
Name  Email	<input type="checkbox"/> High School _____ Grad Date <input type="checkbox"/> Generation Z (College) <input type="checkbox"/> Millennial (20s & 30s) <input type="checkbox"/> Generation X (40s & 50s) <input type="checkbox"/> Baby Boomers (60s & 70s)	<input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Licensed Local Pastor <input type="checkbox"/> Beyond local church	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name  Email	<input type="checkbox"/> High School _____ Grad Date <input type="checkbox"/> Generation Z (College) <input type="checkbox"/> Millennial (20s & 30s) <input type="checkbox"/> Generation X (40s & 50s) <input type="checkbox"/> Baby Boomers (60s & 70s)	<input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Licensed Local Pastor <input type="checkbox"/> Beyond local church	<input type="checkbox"/> Yes <input type="checkbox"/> No