

2020 Charge Conference Instruction Form



Wesley Foundations

Preparing for Charge Conference:

- Spend time planning your Charge Conference. Plan the conference so that it will be a celebration, not just another meeting. Recruit people who are excited to share. Remember, it is the **pastor's** responsibility to make certain that all participants are well prepared for their presentations.
- Encourage attendance at the Charge Conference. Don't take attendance for granted. Send cards, public announcements, personal encouragement, etc. Note that the Discipline provides for the option of a Church Conference. Consult with your DS if you plan to do this.
- Have a table and two chairs available for the District Superintendent (DS)/Circuit Elder (CE) and Recording Secretary. Make certain a Recording Secretary is present and uses the provided Minutes (page 3) to track charge conference actions.
- If there is something you think may be controversial coming before the Conference, inform the DS/CE before the Conference convenes. By the same token, if there are areas you wish to have emphasized, commended, celebrated, etc., give the DS/CE a "heads-up."

Charge Conference Packet

- Your district office or circuit elder will schedule your charge conference and notify your church/charge of the due date for all charge conference materials to be submitted. A listing of district offices is at: <https://arumc.org/our-conference/district-offices/>
- Charge Conference packets/forms may be found online at 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.
- The *Pastor's Membership Report* and the *Pastor's Compensation Form* (available in both Word and PDF versions) 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.
- Email, mail, or deliver **ONE (1) copy** of the Charge Conference packet to your District Office on or before your due date, **ALONG WITH AN UPDATED CHURCH LEADERSHIP LIST** (received separately as an attachment from the District Office). Remember to print a copy for the church files.

2020 Charge Conference Minutes



Wesley Foundation at (name of school) _____

The Board Meeting was held on _____, 2020 at _____.

The Presiding elder or District Superintendent was _____.

Recording Secretary is to initial each item indicating the Charge Conference has approved each item of business.

Items that require a vote to approve:	Recording Secretary initials
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	
Required Written Reports:	
<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	
Policies to Submit:	
<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)	

Additional business items and reports:

Recording Secretary's Signature _____

Recording Secretary's Name (Please Print) _____

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

2020 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 2020 Campus Ministry Metrics Report.**

2021 Pastor's Compensation Form



Pastor: _____ Church: _____

For Period of: **January 1, 2021 through December 31, 2021**

			2020	2021
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		
	TOTAL OR GROSS CASH PAYMENT - Add Lines 1-4	5		
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. There must be a voluntary compensation reduction agreement on file with the church and you may elect it to be tax-deferred.	8		
	Total Payroll Deductions - Add lines 6-8	9		
Net	Net Compensation - Subtract Line 9 from Line 5	10		
Total	TOTAL CASH COMPENSATION - Transfer from Line 5	11		
Reimburse	Accountable Reimbursement - This is only paid out via voucher, with receipts required, and represents maximum available. Written Reimbursement Policy Must Be Agreed Upon and On File at Church	12		
Appointment	TOTAL COMPENSATION AND REIMBURSEMENTS - Add Lines 11 and 12	13		
Benefits	Does the church provide group insurance for the staff in which the pastor participates? Write Yes or No	14		
	How many weeks of vacation time will the pastor receive this year? (p.437, 2019 Arkansas Conference Journal)	15		

For all full-time pastors, the church will be responsible for a pension benefit of 14% of total comp (line 11) plus housing and will be billed directly 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 at this level until the end of the conference year. (§624.1)

Pastor _____
Treasurer _____
S/PPRC Chairperson _____

District Superintendent

Pastor's 2021 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.

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.
- **Does the Church Provide Group Insurance for You** – Please write yes or no if the church provides group insurance for the staff for the next calendar year in which YOU participate.

Minimum Compensation for Full Time Clergy (p.304, 2019 Arkansas Conference Journal)

- Minimum compensation for full time clergy is set by the Annual Conference, as recommended by the Conference Commission on Equitable Compensation.
- Minimum compensation for full time clergy appointments in church settings must be set at or above the standards (as noted on line 11 of the compensation form). **A parsonage or housing allowance in lieu of a parsonage shall be provided in addition to the figures listed below:**

Full Connection \$48,330

Provisional, Associate Member, \$47,280

Local Pastor, \$46,230

Appointed pastors serving a charge that provides a group health insurance plan shall be subject to the following minimum compensation support:

Full Connection \$36,330

Provisional, Associate Member, \$35,280

Local Pastor, \$34,230

**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.

2021 Board of Directors

Name of Wesley Foundation:

Director of the Wesley Foundation

Name

Phone

Email

Chair of the Board of Directors

Name

Phone

Email

Treasurer

Name

Phone

Email

Secretary

Name

Phone

Email

Board of Directors

Name

Phone

Email

Annual Conference Lay Member and Alternate

Name

Phone

Email

Lay Member:

Alternate:

2020 DIRECTOR'S WRITTEN REPORT

Director's Name: _____ Wesley Foundation: _____ Date: _____

200,000 More Reasons Report for 2020

(Wesley Foundation)

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Campus Ministry at: _____

200,000 More Reasons: Nutrition, Literacy, Stability is an initiative of the ARUMC where local churches provide or support ministries around accessing food and reading at grade-level as well as offer programs that promote a healthy, stable family life for food insecure children and their families. Please report any ministry provided or supported by your congregation that helps low-income children and their families. There is not a specific designation as a 200,000 More Reasons ministry; if you are providing or supporting a ministry then it is counted!

Nutrition: Please list the types of ministries which you provide or support (financially, volunteers, or space, etc.) that help feed children and their families who are hungry or at-risk for going hungry? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Food Pantry for the community | <input type="checkbox"/> Food Pantry at a school |
| <input type="checkbox"/> Backpack/Bag of food for the weekend | <input type="checkbox"/> Blessing Box/Little Free Pantry |
| <input type="checkbox"/> Other <i>Emergency</i> food distribution | <input type="checkbox"/> Food collection for own or a local pantry |
| <input type="checkbox"/> Commodities distribution | <input type="checkbox"/> Afterschool snack program or distribution |
| <input type="checkbox"/> Meal served at the church | <input type="checkbox"/> Meal served away from the church |
| <input type="checkbox"/> Cooking classes or Cooking Matters | <input type="checkbox"/> SNAP Application Assistance |
| <input type="checkbox"/> Support, volunteer or member of a regional food bank agency (banks distribute food to pantries) | |
| <input type="checkbox"/> Garden (produce is given to those in need or to a food distribution program) | |
| <input type="checkbox"/> Gleaning (leftover produce from fields or farmer's markets is gathered & distributed) | |
| <input type="checkbox"/> Public Witness or advocacy for policies that assist hungry children | |
| <input type="checkbox"/> Other _____ | |

Please provide contact information for the leader of each of your Hunger and Nutrition ministries:

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

LITERACY: Please list the types of ministries which you provide or support (financially, volunteers, or space, etc.) that work to encourage literacy skills of children who are hungry or at-risk for going hungry. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> After school tutoring or homework help <i>onsite</i> at church | <input type="checkbox"/> Little Free Library or similar |
| <input type="checkbox"/> After school tutoring or homework help <i>offsite</i> | <input type="checkbox"/> Summer literacy program |
| <input type="checkbox"/> Members serve as reading tutors at a local school | <input type="checkbox"/> Book club for young readers, ages 0-18 |
| <input type="checkbox"/> Reading time as a group or individually with kids as part of a feeding ministry | <input type="checkbox"/> Book distribution |
| <input type="checkbox"/> Imagination Library support or assistance with signup | <input type="checkbox"/> Partner in Education with local school |
| <input type="checkbox"/> Other _____ | |

Please provide contact information for the leader of each of your Literacy ministries:

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

200,000 More Reasons Report 2020

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Campus Ministry at: _____

STABILITY: Please list the types of ministries for **families at-risk for hunger** that support their mental or physical health and/or a stable family life. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Healthy eating or dieting | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Opioid and other Substance Abuse Crisis Support | <input type="checkbox"/> Drug and Alcohol Recovery Support |
| <input type="checkbox"/> Mental Health Support, such as counseling or group work | <input type="checkbox"/> Resourcing/Referring to other services |
| <input type="checkbox"/> Work related skills development (job, interviewing, etc.) | <input type="checkbox"/> Parenting, marriage, or financial skills development |
| <input type="checkbox"/> Child fostering or adoption programs | <input type="checkbox"/> Other mental health ministries |
| <input type="checkbox"/> Support groups for single parents, grandparents raising kids or other at-risk factors | |
| <input type="checkbox"/> Other physical health ministries | |

Please provide contact information for the leader of each of your Family Stability ministries:

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

Name of Ministry: _____ Contact Person Clergy or Lay

Contact Person	Email	Phone	Address

PLANS FOR NEXT YEAR:

Please share plans for ministries of nutrition, literacy, and/or family stability for low-income/at-risk children and their families in the next year?

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	Company	Policy Number	Coinsurance %	Expires When
Church Buildings						
Parsonage(s)						
Church Furnishings & Equipment						
Parsonage Furnishings & Equipment						
Vehicle(s)						
General Liability						
Worker's Compensation						
Directors/Officers/Errors & Omissions/Crime						
Professional Liability Coverage (Including Sexual Misconduct)						

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.

Pastor's Signature

Printed Name

Trustee Chair Signature

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 ministry areas.*

Par. 1000 Policy Statement on Misconduct of a Sexual Nature

(Adopted by the Annual Conference on June 10, 2004; revised June 14, 2005; updated September 17, 2019)

I. Statement of Policy. The _____ United Methodist church affirms the 2016 Book of Resolution #2044, Sexual Abuse Within the Ministerial Relationship, and Resolution #2045, Eradication of Sexual Harassment in the United Methodist Church and Society, which state that sexual abuse within the ministerial relationship and sexual harassment within the church are incompatible with biblical teachings of hospitality, justice, and healing. In accordance with the 2016 Book of Discipline (§161. F) all human beings, both male and female, are created in the image of God, and thus have been made equal in Christ. As the promise of Galatians 3:26-29 states, all are one in Christ, we support equity among all persons without regard to ethnicity, situation, or gender. 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 conduct 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 is any unwanted sexual advance or demand, either verbal or physical that is reasonably perceived by the recipient as demeaning, intimidating, or coercive. Sexual abuse within the ministerial relationship involves a betrayal of sacred trust, a violation of the ministerial role and exploitation of those who are vulnerable. Similarly, sexual harassment must be understood as an exploitation of a power relationship rather than as an exclusively sexual issue. Misconduct of a sexual nature within the life of the church interferes with its moral mission. The _____ 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, the United Methodist Church bears affirmative responsibility 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 inappropriate behavior, keep a written record of your experiences including dates, times, places, and witnesses. Keep any written material you may have received from the person. You may wish to confront the person with the inappropriate behavior and demand that it cease. If you choose not to confront the person alone, you may choose to ask someone to accompany you to confront the person and seek reconciliation. If you choose not to confront the person, or if the behavior continues, report the incident to the chair of the person's appropriate evaluating committee (e.g., a pastor or church staff member would be reported to the chair of the staff/parish 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 accusations, and each supporting person. If the situation is not resolved to your satisfaction following these efforts, then follow the Discipline's procedures for grievances, complaints, and charges.
- B.** If you are confronted by someone who has experienced or observed inappropriate behavior on your part, listen to the accusation and agree to change the behavior or otherwise resolve the situation and reconcile the relationship. If you are unable to resolve the situation with your accuser, contact the chair of your appropriate evaluating committee. Ask to meet with your accuser and committee chair to resolve the conflict. The accused and the person bringing the accusation each 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 accusation, and each supporting person.
- C.** If you receive a report of 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 is being harassed, you should immediately take corrective or preventive action. According to Arkansas law, any person receiving a report from a child under age 18, indicating sexual abuse of that child, is required to report the abuse to the proper authorities.

Date adopted by the Church Council/Administrative Board ___/___/2020

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 ministry areas.

Signature	Signature	Signature

2020 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.

Pastor's Signature

Printed Name

Finance Chair Signature

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.

Pastor's Signature

Printed Name

Finance Chair Signature

Printed Name

Culture of Call 2020



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