

2022 Wesley Foundation Annual Report Instruction Form



Annual Report Packet

- Wesley Foundation annual report 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.
- Wesley Foundation Boards should schedule a Fall meeting to complete the packet by December 1. **Email one (1) copy** of the Annual Report packet to the Center for Connectional Ministries (sara.andrews@arumc.org) for the Board of Higher Education on or before the due date. Remember to print a copy for your files.

2022 Minutes Annual Report of the Board of Directors



Wesley Foundation at *(name of school)* _____

The Board Meeting was held on _____, 2022 at _____.

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

Items that require a vote to approve:

Recording
Secretary
Initials

Clergy Compensation Record(s) *(Only for appointed clergy)*

Candidates for Ministry - Form 104

Name _____ ☐ Initial Yr. Approval ☐ Continuance

Name _____ ☐ Initial Yr. Approval ☐ Continuance

Required Written Reports:

- ☐ Director's Written Report
- ☐ Signed Property and Insurance Report
- ☐ Signed Finance Report
- ☐ 200,000 Reasons' Report
- ☐ Signed Policy on Misconduct of Sexual Nature
- ☐ Board of Director's List
- ☐ Culture of Call

Policies to Submit:

- ☐ Safe Sanctuary Policy (if applicable)
- ☐ Financial Control Policy
- ☐ Accountable Reimbursement Policy (if applicable)
- ☐ Accessibility Audit and Plan (if applicable)

Additional business items and reports:

Recording Secretary's Signature

Recording Secretary's Name *(Please Print)*

2023-2024 Clergy Compensation Form

Please see instructions concerning the change of the fiscal year on page 2.

Pastor _____

Church _____

For Period of: July 1, 2023 through June 30, 2024 or _____ - _____



Full-time



Part time

2022

July 2023-June 2024

(to be used through June 2022)

Housing	Parsonage Provided	Yes or No		
	Date of (S)PPRC chairperson Wesley Foundation parsonage inspection			
	Housing Allowance <i>May only be used in lieu of parsonage</i>			
Payment	Wesley Foundation Contribution to Pastor Compensation (<i>Salary from Church</i>)	1		
	Equitable Compensation or other Conference Support <i>Compensation support received from the Annual Conference</i>	2		
	Cash Allowances paid directly to clergy without documentation required <i>(non-accountable plans not already included in line 1)</i>	3		
	Utilities and Appurtenances <i>Amount paid to clergy for utilities and other housing related expenses under designation by the Wesley Foundation. See IRS Publication 517 for more information.</i>	4		
	TOTAL OR GROSS CASH PAYMENT <i>Add Lines 1-4</i>	5		
Deductions	Flexible Spending Plan <i>This is a FSP that the clergy 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.</i>	6		
	UMPIP Contribution - <i>This is a voluntary amount elected by the pastor to be paid into UMPIP. FOR Foundation MATCH, FULL TIME CLERGY MUST CONTRIBUTE AT LEAST 1% OF COMPENSATION (LINE 5 + HOUSING).</i>	7		
	UMPIP Contribution - <i>Is this tax-deferred?</i>	7b		
	403B Contribution to Other than UMPIP <i>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.</i>	8		
	Total Payroll Deductions <i>Add lines 6-8</i>	9		
Net	Net Compensation Paid to Clergy <i>Subtract Line 9 from Line 5</i>	10		
Total	TOTAL CASH COMPENSATION <i>Transfer from Line 5</i>	11		
Reimburse	Accountable Reimbursement <i>This is only paid out via voucher, with receipts required, and represents maximum available. Pension for full time is not paid on this amount. Written Reimbursement Policy Must Be Agreed Upon and On File at the Wesley Foundation.</i>	12		
Appointment	TOTAL COMPENSATION & REIMBURSEMENTS <i>Add Lines 11 and 12</i>	13		
*Benefits	Does the Wesley Foundation provide group insurance for the staff in which the pastor participates?	14		
	How many weeks of vacation time will the clergy receive this year? <i>(p.303-304, 2020 Arkansas Conference Journal)</i>	15		

**For all full-time clergy, the Wesley Foundation 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 clergy.*

The Wesley Board Personnel Committee recommends compensation after consultation with the Clergy Director and the District Superintendent. The recommendation is reported to the Board Finance Committee and the Wesley Board for discussion and agreement. The Wesley Board sets compensation. The Wesley Board is obligated to compensate the clergy at this level until the end of the conference year. (§624.1)

Clergy signature _____

Treasurer signature _____

Board Chairperson signature _____

District Superintendent signature _____

For District Office Use Only

Date entered in database _____

Pension billing share for multiple point charges _____

2023-2024 Clergy Compensation Form Instructions

For clergy use only. If director is a lay person, please submit your own compensation form.

The compensation form is updated to match the conference appointive and fiscal year of July 1 - June 30. Wesley Foundations should continue paying the 2021 compensation for the first six months of 2023. The new annual compensation will be applied to begin July 1, 2024. If a Wesley Foundation seeks to increase compensation for January - June 2023, (¶624.1.), it should complete an additional compensation form using annualized amounts, indicate the appropriate effective dates, and include the additional form in the Annual Report Packet for approval.

Housing

- **Parsonage Provided** – If your Wesley Foundation provides a parsonage answer “Yes” otherwise answer “No”
- **Date of Parsonage Inspection** – Write the date of the last inspection of the Wesley Foundation owned parsonage. If the Wesley Foundation does not provide a parsonage then leave this line blank.
- **Housing Allowance** – List the amount of money the Wesley Foundation provides for the clergy’s housing allowance. This is only in lieu of a Wesley Foundation owned or leased parsonage. The clergy does not have to provide the Wesley Foundation receipts for reimbursements of these funds. This amount may be reported on box 14 of the clergy’s W2. **This amount is paid in addition to the amount on Line 13.**

Payment

- **Church Contribution to Clergy Compensation** – List the total clergy’s salary as approved by the Wesley Foundation prior to any deductions. Do not include other compensation items listed below (Equitable Compensation, Cash Allowances, or Utilities and Appurtenances) or housing allowance.
- **Equitable Compensation or other Conference Support** – List all funds received from the Conference for the support of the salary for the clergy.
- **Cash Allowances** – List any amount paid to the clergy 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 clergy 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 <https://www.gcfa.org/services/legal-services/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 Wesley Foundation does not offer the clergy 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 clergy 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 clergy 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 clergy for expenses. This should only be established with a written policy set by the Wesley Foundation and requires written documentation of expenses. For more information and sample policies visit <https://www.gcfa.org/services/legal-services/gcfa-tax-packet/>. Pension is not paid on this amount.
- **Does the Wesley Foundation Provide Group Insurance for You** – Please write yes or no if the Wesley Foundation provides group insurance for the staff for the calendar year in which YOU participate.

Minimum Compensation for Full Time Clergy (p.183-184, 2020 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.

Signature of authorized elder, district superintendent, or bishop

Date

Conference

District

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

2023 Advisory Board or Board of Directors

[illegible]

Nominations

Election of Lay Member and Alternate Lay Member to Annual Conference

Lay Member Elected by Each Charge - From ¶602.1(e), *2016 Book of Discipline of the United Methodist Church* Each annual conference having campus ministers, chaplains and Wesley Foundation directors shall include the same in its lay and clergy annual conference composition. In districts where United Methodist laypersons serve as campus ministers/directors of Wesley Foundations, they shall be added as district-at-large lay members to the annual conference. In districts where United Methodist clergy serve as chaplains, campus ministers, and directors of Wesley Foundations, the laypersons elected as their balancing counterpart shall be elected from either the campus ministry board of directors or a student from that ministry/ foundation. In making sure that such inclusion is adhered to, special consideration shall be given to the inclusion of United Methodist young adults who are active participants in campus ministry.

Lay and Alternate Lay Members of the Arkansas Annual Conference from your Wesley Foundation **are the lay members so elected by the Wesley Board**. Every Wesley Foundation is allowed a set number of lay members and alternate lay members to vote at Annual Conference as prescribed by the language of ¶602.1(e), *2016 Book of Discipline of the United Methodist Church*. **To ensure that each Wesley Foundation is represented, Directors are asked to contact the lay and alternate lay members representing the Foundation during late January and ask them to confirm again that they will be able to attend for all days of the session.** If there is a reason the lay member cannot attend one day, or even a portion of a day, ensure the alternate lay member is informed and will be present. During Annual Conference, only the votes of the official lay member elected by the Board (or the elected alternate in the lay member's absence) may be counted on the Foundation's behalf. One's vote cannot be transferred to someone else except by having another duly called board meeting and selecting them as the lay member.

The Annual Conference Lay Member(s) and Alternate Lay Member(s) for _____ Wesley Foundation is/are as follows:

Annual Conference Lay Member and Alternate (one Lay Member per appointed clergy/assigned lay pastor)

	NAME	EMAIL	PHONE	ADDRESS
Member				
Alternate				

2022 DIRECTOR’S WRITTEN REPORT

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

Property and Insurance Report of Wesley Foundation

Page 1 of 3

Wesley Foundation _____ District _____

Period beginning (prior annual meeting date) _____, 2021 and ending (current annual meeting date) _____, 2022

1. Is the Wesley Foundation operating as a subsidiary of a local church? ☐ Yes ☐ No
2. Is the Wesley Foundation separately incorporated (§2529.1)? ☐ Yes ☐ No
3. Name(s) in which title to each piece of property is recorded, as shown by civil land records (§2538, 2536). Does each deed contain a Trust Clause (§2503)? (Attach list if needed)

	Name(s)	Trust Clause	County Clerk Office	Book	Page
Foundation Buildings		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Foundation 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 Wesley Foundation facilities and equipment? ☐ Yes ☐ No
6. Have the Wesley Foundation 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 Wesley Foundation office (§2533.6) and submitted to the Wesley Foundation Office? Accessibility Audit Form may be found at: <http://www.gcfa.org/forms> ☐ Yes ☐ No
If not, what are your plans for creating accessibility?

Property and Insurance Report of Wesley Foundation

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8. Insurance (§2533.2, 2550.7). Name of insurance company(s), type of coverage, and expiration date(s) for Wesley Foundation property and/or parsonage, and **attach a copy of all insurance declarations pages**.

Company _____ Coverage type _____ Expiration date _____

Company _____ Coverage type _____ Expiration date _____

Company _____ Coverage type _____ Expiration date _____

Company _____ Coverage type _____ Expiration date _____

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

(Attach list if needed)

Item	Date Received	Amount	Where Invested	Income

Board Chair Signature

Printed Name

Date

Property and Insurance Report of Wesley Foundation

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Safe Sanctuary Policy

Wesley Foundations engaging in ministry with minors must have a Safe Sanctuary Policy in place.

The _____ Wesley Foundation has a ministry with minors: ☐ Yes ☐ No

If yes, our Safe Sanctuary Policy has been reviewed (and revised, if necessary) and approved. A copy is on file with the Conference Board of Higher Education.

Board Chair Signature

Printed Name

Date

Director Signature

Printed Name

Date

If required, include a copy of your Safe Sanctuary Policy (see above).

Include a copy of the declaration page for each insurance policy. Do not include the entire policy, ONLY the declarations page is needed.

Policy Statement on Misconduct of a Sexual Nature

This form is to be filled out, properly signed and dated. This is to be done annually. Clearly indicate the name of the Wesley Foundation in the proper places. This policy shall be read by the board, directors, and staff, adopted by the Wesley Foundation and signed by directors, all staff and volunteers in children, youth, college, 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 _____ Wesley Foundation affirms the 2016 Book of Resolution #2044, Sexual Abuse Within the Ministerial Relationship, and #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 _____ Wesley Foundation 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/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 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.

Wesley Foundation Finance Report

Page 1 of 2

Wesley Foundation _____ District _____

Period beginning (*prior annual meeting date*) _____, 2021 and ending (*current annual meeting date*) _____, 2022.

Employer Identification Number (EIN) _____

Budget and Commitment Plan

- a) How frequently does the Financial Secretary/Treasurer send members and 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 budget adopted by the Wesley Board (§258.4)? ☐ Yes ☐ No
- c) Does the Financial Secretary/Treasurer report regularly to the Board of Directors on the giving trends of the Wesley Foundation? ☐ Yes ☐ No

If not, then how are trends reported?

Handling of Wesley Foundation Funds

- a) Does the Treasurer regularly make reports to the Wesley Foundation Board of Directors on the financial position of the Wesley Foundation? ☐ Yes ☐ No
If not, how are 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) Are all funds deposited promptly in accordance with procedures developed by the Board of Directors? ☐ Yes ☐ No
Are financial officers of the Wesley Foundation bonded or insured (§258.4)? If no, why not?
- d) Have the financial records of the Wesley Foundation and all its organizations been audited (or financially reviewed) for the prior fiscal year (§258.4d)? ☐ Yes ☐ No
1. Who conducted the audit or a financial review?
 2. When will you conduct an audit or financial review?
 3. Were there any recommendations or exceptions? ☐ Yes ☐ No
 4. If there were recommendations or exceptions, how has the Wesley Foundation addressed them?
- e) Were all clergy and staff issued W 2's and not 1099's? ☐ Yes ☐ No

Board Chair Signature

Printed Name

Date

Wesley Foundation Finance Report

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Financial Control Policy

The Financial Control Policy has been reviewed (and revised, if necessary) and approved.
A copy is on file in the Wesley Foundation and with the Conference Board of Higher Education.

<hr/> Board Chair Signature	<hr/> Printed Name	<hr/> Date
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<hr/> Director Signature	<hr/> Printed Name	<hr/> Date
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Accountable Reimbursement Policy

Required only 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 Wesley Foundation and with the Conference Board of Higher Education.

<hr/> Board Chair Signature	<hr/> Printed Name	<hr/> Date
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<hr/> Director Signature	<hr/> Printed Name	<hr/> Date
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200,000 More Reasons Report

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Wesley Foundation

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 <u>Emergency</u> 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 Foundation | <input type="checkbox"/> Meal served away from the Foundation |
| <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: Year Ministry Began: Contact Person ☐ Clergy or ☐ Lay

CONTACT NAME	EMAIL	PHONE	ADDRESS

Name of Ministry: Year Ministry Began: Contact Person ☐ Clergy or ☐ Lay

CONTACT NAME	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 <u>onsite</u> at Foundation | <input type="checkbox"/> Little Free Library or similar |
| <input type="checkbox"/> After school tutoring or homework help <u>offsite</u> | <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 sign-up | <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: Year Ministry Began: Contact Person ☐ Clergy or ☐ Lay

CONTACT NAME	EMAIL	PHONE	ADDRESS

Name of Ministry: Year Ministry Began: Contact Person ☐ Clergy or ☐ Lay

CONTACT NAME	EMAIL	PHONE	ADDRESS

200,000 More Reasons Report

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Wesley Foundation

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: **Year Ministry Began:** **Contact Person** ☐ Clergy or ☐ Lay

CONTACT PERSON	EMAIL	PHONE	ADDRESS

Name of Ministry: **Year Ministry Began:** **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.

Culture of Call

Wesley
Foundation

Director

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