Sample Charge or Church Conference Agenda

Opening

Introduction of the Presiding Elder ........................................................................................................... Church Council Chair

Prayer ......................................................................................................................................................... Pastor or Lay Person

Ministry Reflection: ...................................................................................................................................... Ministry Leader

*Share at least one ministry that has made a difference in your community.*

Ministry Recommendations

Candidates for Ministry ................................................................................................................................. ?

*Form: Recommendations to the District Committee on Ordained Ministry*

Lay Servant Ministry ................................................................................................................................. ?

*Form: Recommendations to the District Committee on Lay Servant Ministries*

Certified Lay Ministry ................................................................................................................................. ?

*Form: Recommendations to the District Superintendent*

2020 Lay Church Officers ........................................................................................................................... Pastor

*Form: Lay Leadership Nominations*

Recognition of Lay Ministry Leaders ........................................................................................................ Lay Leader

The Practical Stewardship of Our Ministry

Membership Report ....................................................................................................................................... Membership Secretary

Prayer for the Saints .................................................................................................................................... Pastor

Pastoral Compensation Package ................................................................................................................. S/PPRC Chair

*Forms: 2021 Compensation Report, Housing Allowance Exclusion, Accountable Reimbursement*

Submission of Required Annual Reports ................................................................................................. Trustee Chair

*Forms: 2020 Trustees Legal & Property, 2020 Parsonage Inspection, Safe Sanctuaries Policy*

Vision & Goals

Pastor’s Report ........................................................................................................................................... Pastor

*A five-minute report on the progress of 2020 goals, projection of 2021 goals, for making disciples.*

Breakthrough Goals ................................................................................................................................. Leadership Team/Church or Ad Council Chair

*Form: 2021 Breakthrough Goals*

Closing

Closing Prayer .............................................................................................................................................. Pastor, Lay Person, or Presiding Elder
Note that if you entered your information online last year, some of the information will auto-fill the online form for this year, so it may not be necessary to complete all worksheets. Please check the online forms before completing these worksheets.

**Worksheet for Basic Church Information:**

<table>
<thead>
<tr>
<th>Denomination/Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name for Church: ________________________________</td>
</tr>
</tbody>
</table>

Name your Church Uses Internally or in Your Community: ________________________________

| Legal Church Name: ________________________________________________________________|

| Charge Name: _________________________________________________________________|

| District: ________________________________________________________________|

| GCFA Number: ________________________________________________________________|

Employer Identification Number (EIN or FEIN): ________________________________________________________________

| County: ________________________________________________________________|

| Location: ________________________________________________________________|

| Mailing Address: ________________________________________________________________|

| Church Phone: ________________________________________________________________|

| Church Fax: ________________________________________________________________|

| Church Email: ________________________________________________________________|

| Church Website URL: ________________________________________________________________|
Worksheet for Features of Your Church

Describe your church/what would you like people to know about your church? (max 249 characters): ________________________________________________________________

Primary Worship Services

Service times (during the school year)

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Time</th>
<th>Worship Style</th>
<th>Primary Language</th>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Yes___ No___ Do your service times change for the summer?

(If No, you do not need to complete the table below)

Summer service times

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Time</th>
<th>Worship Style</th>
<th>Primary Language</th>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Sunday or Church School is offered for the following age groups:

☐ Preschool
☐ Elementary School
☐ Middle School
☐ High School
☐ Young Adult
☐ Adult
☐ Older Adult
Primary ethnicity of worship and church school:

- African American/Black
- Asian/Pacific Islander
- Caucasian/European
- Multicultural/Global
- Native American
- Spanish/Hispanic/Latino

Welcoming/Hospitality:

- Is your church wheelchair accessible?
- Is there assistance for the physically impaired? (elevators, wheelchairs, railings)
- Is there assistance for the hearing impaired? (amplification devices, sign language)
- Is there assistance for the sight impaired? (Large text or braille bibles and hymnals)

Primary Outreach Ministries:

- Clothing Closet or Free Store
- Food Pantry
- Free Community Meal or Soup Kitchen
- Addiction Recovery Ministry
- Divorce Support Group
- Mental Health Support Group
- Health/Chronic Disease Support Group
- Prison Ministry
- Kairos Prison Ministry
- Horizon Prison Initiative
- Transportation Ministry
- Preschool or Child Care Center
- Other: ________________________________________________________________
**Worksheet for Lay Leadership Nominations for 2021 Church Officers**

(All church officers must be members of the local church)

<table>
<thead>
<tr>
<th>Offices required by Discipline</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ad Board/Council/Leadership Team Chair</td>
<td></td>
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<tr>
<td>2. Finance Chair</td>
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<td>3. Lay Leader</td>
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<td>4. Lay Member to Annual Conference</td>
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<td>5. Lay Member Alternate to Annual Conference</td>
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<tr>
<td>6. SP/PPRC Chair</td>
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<tr>
<td>7. Treasurer</td>
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<tr>
<td>8. Trustees Chair</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other church officers/Leadership Team:</th>
<th>Name</th>
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<tbody>
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</table>
Worksheet for Ministry Recommendations:

(Must be recommended from church where membership is held)

Recommendations to the District Committee on Ordained Ministry:

Candidate(s) for Certification (¶ 311.2, ¶ 247.9, 312)
  Certifications: ___________________________________________________________
  Continuations: __________________________________________________________

Candidate(s) for Church-related Vocations (¶ 247.10)
  New Applications: _______________________________________________________
  Renewals: _____________________________________________________________

Recommendations to the District Committee on Lay Servant Ministries:

Certified Lay Servants (¶ 247.11 & 266-269)
  New Applications: _______________________________________________________
  Renewals: _____________________________________________________________
  Removals: _____________________________________________________________

Lay Speakers (¶ 247.11 & 266-269)
  New Applications: _______________________________________________________
  Renewals: _____________________________________________________________
  Removals: _____________________________________________________________

Recommendations to the District Superintendent:

Certified Lay Minister (westohioumc.org/CLM)
  New Applications: _______________________________________________________
  Renewals: _____________________________________________________________
  Removals: _____________________________________________________________
Worksheet for Membership Report  (¶ 230.2)

Please list those members whose names are being read for the first or second time. Note that those names read last year for the first reading will auto-populate the online field for this year’s second reading.

Names of members being read for the first time:

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________
6. _____________________________________________________________
7. _____________________________________________________________
8. _____________________________________________________________
9. _____________________________________________________________
10. _____________________________________________________________

Names of members being read for the second time and being removed by charge conference action:

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________
6. _____________________________________________________________
7. _____________________________________________________________
8. _____________________________________________________________
9. _____________________________________________________________
10. _____________________________________________________________
Safe Sanctuaries® Annual Policy Review Form

The United Methodist Church states that, “…children must be protected from economic, physical, and sexual exploitation and abuse” (Book of Discipline, 2012). We recognize that our faith calls us to offer hospitality and protection to all children, youth, and vulnerable adults, as well as those who are committed to ministering to them as volunteers and employees.

West Ohio Conference Safe Sanctuaries® require churches to provide written documentation of the following:

• Safe Sanctuaries® Annual Review of Policy/Documentation of Changes Made to Policy

Complete the following information and keep with your church’s Safe Sanctuaries® policy.

Church Name: ________________________________________________________________

Street Address: ____________________________________________________________________________

City: ________________________________________   State: _____________   Zip Code: _________

Date Policy Implemented: ______

Date Policy Reviewed: ______

Date Policy Updated: ______

Note: If policy has been updated this year please submit the policy to your District Office

How many Safe Sanctuaries trainings were offered this calendar year? ______

How many new servant leaders were trained? ______

How many servant leaders were renewed through training? ______

Safe Sanctuaries® Policy Approved/Annually Reviewed By:

_________________________________________________________   Date: ____________

Pastor’s Signature

_________________________________________________________   Date: ____________

Trustee Chair Signature

_________________________________________________________   Date: ____________

Staff/Pastor Parish Chair Signature

Please note: The symbol “¶” refers to the relevant paragraph in the 2016 Book of Discipline.
Worksheet for 2021 Pastor Compensation Report

Please copy this page and complete a separate compensation report for each pastor under Episcopal appointment or district superintendent assignment to this church.

Pastor Name: _______________________________________________________________________

1. COMPENSATION INFORMATION – Cash Salary approved at your Church/Charge Conference

   a. Cash salary received by this pastor from this church: $__________
   b. Cash salary paid by Equitable Compensation (EQ): $__________
   c. Cash salary paid by District or other grants: $__________
   d. Total cash salary $__________

   (Please make sure that your pastor’s total cash salary is at or above the conference minimum.)

2. HOUSING ARRANGEMENTS

   a. Does this pastor live in a parsonage provided by this church? ____Yes____ No
   b. Does this pastor live in a parsonage provided by another church? ____Yes____ No
   c. Housing Allowance - cash amount church pays to pastor instead of a parsonage $__________

3. BENEFITS AND OTHER INFORMATION

   a. Accountable Reimbursement
      (a signed policy resolution must be on file in the local church office) $__________
   b. Pastor is enrolled in the United Methodist Church pension program ___Yes ___No
   c. Pastor is enrolled in the West Ohio Conference health insurance ___Yes ___No
      If yes, Pastor is enrolled in which type of health insurance plan:
      ____ Single ____Family of Two ______Family of Three or More
      If no, a waiver must be printed, signed, and mailed to the conference office.
   d. Housing Exclusion Resolution Amount Adopted by Church/Charge Conference
      (a signed exclusion resolution must be on file in the local church office) $__________
   e. What position does this pastor hold?
      ____Lead Pastor – Main Campus ____Associate Pastor/Deacon Associate
      ____Lead Pastor – Satellite Campus ____Pastor or Deacon - Specialized Ministry
   f. If a Licensed Local Pastor, has the pastor completed the Course of Study or does the pastor
      have an M. Div.? _____ Yes _____No

4. 2020 COMPENSATION

   During 2020, has this pastor been paid in accordance with the compensation reported on the
   2019 charge conference form or more recent Statement of Benefits? _____Yes _____No
Resolution for 2021 Parsonage or Housing Allowance Exclusion

Instructions

What is the purpose of this form? The Internal Revenue Code Section 107 has a provision that allows ministers of the Gospel to exclude from their reportable income some costs of living in a parsonage or their own home. The church uses the Parsonage or Housing Allowance Exclusion form.

Does this cost the church anything? No. The pastor’s salary is not increased or decreased as a result of the resolution. It merely designates a portion of the pastor’s salary as being excluded from the amount of compensation the church reports to the IRS on the pastor’s W-2.

When should this form be filled out? At least annually and whenever there is a change in pastors. It must be done before the pastor incurs the expenses. The exclusion cannot be made retroactive.

How much should the exclusion be? The pastor establishes the amount in consultation with the Pastor/Parish Relations Committee. For a church-owned parsonage, the amount should not exceed the fair rental value of the parsonage or house. A rule of thumb for the annual fair rental value” is to take 5% - 8% of the market value of the parsonage or house. If a housing allowance is paid to the pastor, the exclusion should include the amount of the allowance as well as other anticipated expenses.

What is included in the exclusion? Any expenses the pastor may incur in living in the parsonage or home. The following is a partial listing and not meant to be inclusive of all items that may be excluded.

1. Rent or principal payments, cost of buying a home, and down payments, if paid by the pastor.
2. Real estate taxes and mortgage interest for the home, if paid by the pastor.
3. Insurance on a home, if paid by the pastor.
4. Improvements, repairs, and upkeep of the home and/or contents. New roof, room addition, carpet, garage, etc.
5. Furnishings and appliances: dish washer, vacuum sweeper, TV, VCR, DVD, piano, computer for personal use, washer, dryer, sewing machine, cookware, dishes etc.
6. Decorator items: drapes, throw rugs, pictures, knick knacks, painting, wallpapering, bedspreads, sheets, towels, etc.
7. Utilities: heat, electric, cable TV, etc. (ONLY IF PAID BY THE PASTOR)
8. Misc: anything that maintains the home and its contents that you have not included in repairs or decorator items: cleaning supplies for the home, brooms, light bulbs, expense to run the lawnmower, landscaping tools etc.

These may be excluded even if they become the pastor’s personal property, as long as they are paid from money received as salary. Major appliances such as refrigerators and ranges purchased with church funds may not be excluded.

DO NOT INCLUDE THE FOLLOWING: Maid (or any labor hired for maintenance such a lawn care), groceries, personal toiletries, CD’s etc. What if I have other questions? Speak with the District Superintendent or the Conference Treasurer’s office.

Please note: The symbol “¶” refers to the relevant paragraph in the 2016 Book of Discipline.
Resolution for 2021 Parsonage or Housing Allowance Exclusion

WHEREAS this church provides a parsonage or housing allowance as part of the compensation of our regularly appointed or assigned minister of the Gospel, and;

WHEREAS the cost of providing the parsonage or housing allowance with utilities and/or furnishings may be excluded from gross income the Internal Revenue revised rule 599,359-51-52 and Section 107;

THEREFORE, BE IT RESOLVED that ______________________ United Methodist Church will designate $ ___________ of the pastor’s salary as parsonage/housing allowance. This amount is to be excluded from the reported taxable income.

This resolution is effective during calendar year for 2021.

Approved at the Charge or Church Conference or Administrative Board, Church Council, or Leadership Team meeting on _______________________ (date).

Required Signatures:

____________________________________________________  Date: _________________

Chair, Administrative Board/Church Council/Leadership Team

Please Print Name __________________________________________

I accept full responsibility for maintaining and keeping available for any requirements of the Internal Revenue Service all supporting leases, mortgages, tax bills, utility bills, repair or maintenance bills and any other documentation necessary to document that portion of the above estimate that I shall claim as actually expended for housing or furnishings.

____________________________________________________  Date: _________________

Pastor

Please Print Name __________________________________________

Distribution: This signed document is to be kept on file at the local church, a copy provided to the pastor, and either uploaded online or submitted to your district office.
2021 Accountable Reimbursement Policy

The following resolution was duly adopted by the Administrative Board/Church Council/Leadership Team (or Charge Conference) of the ________________________________________________ United Methodist Church at a meeting held on ________________.

Under Internal Revenue Code Section 62(a)(2)(A) gross income does not include reimbursed business expenses or adequately accounted business expense allowances for employees. Internal Revenue Service Regulation 1.162-17(b) provides that an employee need not report on his tax return expenses paid or incurred by him solely for the benefit of his employer for which he is required to account and does account to his employer and which are charged directly or indirectly to the employer. Further, I.R.S. Regulation 1.274-5(e)(4) provides that an adequate accounting means the submission to the employer of an account book, diary, statement of expense, or similar record maintained by the employee in which the information (as to each element of expenditure amount, time and place, business purpose, and business relationship) is recorded at or near the time of the expenditure, together with supporting documentary evidence, in a manner that conforms to all the adequate records requirements as set forth in the regulations.

Therefore, the __________________________ United Methodist Church hereby establishes an accountable reimbursement policy pursuant to I.R.S. Regulations upon the following terms and conditions:

1. Expenses deemed ordinary and necessary shall be made solely for the benefit of the church and shall be paid directly, whenever possible by the __________________________ United Methodist Church, or indirectly and reimbursed to the person or entity who does pay the expense. Ordinary expenses include, but are not limited to automobiles, office supplies, postage, computer supplies, books, subscriptions, professional dues, vestments, continuing education, lodging and meals while traveling and entertainment related to church business.

2. The church must be given an adequate accounting of the expense, which means that there shall be submitted a statement of expense, account book diary, or other similar record showing the amount, date, place, business purpose, and business relationship involved. Appropriate documents, cash receipts, canceled checks, credit card sales slips, and contemporaneous records for those non-receipt expenses less than $25.00 must be attached to a monthly expense report. Both the minister/staff person and the church shall retain copies of the documentary evidence and expense report. Voucher information need not include data that would violate pastoral confidences.

3. Reimbursements or advances must be paid out of budgeted church funds and not by reducing the compensation of a minister/staff person. Budgeted amounts not spent must not be paid as a salary bonus or other personal compensation in any fiscal year. If such payments are made, the entire amount of the accountable reimbursement policy account will be taxable income to the pastor/staff person.

4. The church may pay amounts in advance of the minister/staff person’s actual expenditure on either an as needed basis or by standard monthly expense allowance. However, an adequate accounting of the advances by expense report must be made in the month following an expenditure. Any excess advance must be returned to the church before additional needed or allowance amounts are provided to the minister/staff person.
5. It is understood by the various parties that all elements of this resolution must be carefully followed to prevent the church salary-paying unit from being required by regulation to list total payments for the following items on I.R.S. W-2 as includable compensation. The primary responsibility of expense reporting is the minister/staff person to the church payroll person.

6. The Staff/Parish or Pastor/Parish Relations Committee (SP/PPRC) is responsible for approving vouchers submitted by the pastor. The local church treasurer is responsible for paying approved vouchers.

7. By previous or concurrent resolution, duly adopted by the Administrative Board/Church Council/Leadership Team (or Charge Conference) of the ____________________________United Methodist Church at a meeting held on ____________________, 202________, the following ordinary and necessary expenses as suggested for the employment needs of the minister/staff person, are included in this accountable reimbursement policy from January 1, 2021 to December 31, 2021.

2021 Accountable Reimbursement Total $____________________

Attested to this ___day, ________________, 202________, the foregoing resolution is hereby accepted.

Required Signatures:

________________________________________________________________________________
Chair, Administrative Board/Church Council/Leadership Team

________________________________________________________________________________
Treasurer, Church or Charge

________________________________________________________________________________
Pastor

Distribution: This signed document is to be kept on file at the local church, a copy provided to the pastor, and either uploaded online or submitted to your district office.

Please note: The symbol “¶” refers to the relevant paragraph in the 2016 Book of Discipline.
Worksheet for 2021 Breakthrough Goals

Passionate Worship
- Face-to-face live worship
- Online Worship
- Fresh Expression-type services
- Total average weekly worship attendance for all worship services

Radical Hospitality
- Total professions of faith for year
- Total baptisms for year

Intentional Faith Development
- Average number small groups weekly
- Average number attendees in all small groups weekly
- Percentage of weekly worship attendees in small groups

Risk-Taking Mission & Service
- Average number members in mission/outreach each week

Extravagant Generosity
- Average weekly giving toward annual budget
- Percentage paid towards conference and district apportionments
- Additional giving:
  - Missions
  - Fundraisers in support of annual budget
  - Capital
  - Memorials, endowments, bequests
  - Advance Specials

Comments/Clarifications

Additional data categories you would find helpful:
Minutes of Church or Charge Conference:

Church Name: ____________________________________________________________

Date of Conference: ________________________________

Which did you hold?  __Charge Conference  __Church Conference

Location of Conference: __________________________________________________

Presiding Elder: __________________________________________________________

Number Members Present: ______________

Record of Ministry Recommendations

<table>
<thead>
<tr>
<th>Ministry:</th>
<th>Moved by:</th>
<th>Seconded by:</th>
<th>Yes Votes</th>
<th>No Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification of Candidates for Ordained Ministry</td>
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<tr>
<td>Continuation of Candidates for Ordained Ministry</td>
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<tr>
<td>Begin or Renew Certified Lay Servants</td>
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<tr>
<td>Begin or Renew Lay Speakers</td>
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<tr>
<td>Begin or Renew Certified Lay Ministers</td>
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<tr>
<td>Nominated Lay Officers of the Church or Charge</td>
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<tr>
<td>Other:</td>
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</table>
Record of the Practical Stewardship of Our Ministry

<table>
<thead>
<tr>
<th>Report</th>
<th>Moved by</th>
<th>Seconded by</th>
<th>Yes Votes</th>
<th>No Votes</th>
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</thead>
<tbody>
<tr>
<td>Membership Report</td>
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<tr>
<td>2020 Trustees Legal &amp; Property Report</td>
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<tr>
<td>Safe Sanctuaries Policy</td>
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<tr>
<td>Other:</td>
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2021 Compensation (Repeat compensation information for each pastor.)

PASTOR: ____________________________________________

Cash Compensation: $__________________  Housing Allowance: $__________________

Housing Exclusion: $__________________  Accountable Reimbursement: $______________

Motion to Approve Cash Compensation:
Moved by: _____________________________ For (S)PRC  Vote: _____Yes _________No

Motion to Approve Housing Allowance
Moved by: ______________________________For (S)PRC  Vote: _____Yes _________No

Motion to Approve Housing Exclusion
Moved by: ______________________________For (S)PRC  Vote: _____Yes _________No

Motion to approve Accountable Reimbursement
Moved by: ______________________________For (S)PRC  Vote: _____Yes _________No
PASTOR: ____________________________________________________________

Cash Compensation: $__________________ Housing Allowance: $__________________

Housing Exclusion: $__________________ Accountable Reimbursement: $__________________

**Motion to Approve Cash Compensation:**

Moved by: _____________________________ For (S)PRC  Vote: ______ Yes ________ No

**Motion to Approve Housing Allowance**

Moved by: ______________________________ For (S)PRC  Vote: ______ Yes ________ No

**Motion to Approve Housing Exclusion**

Moved by: ______________________________ For (S)PRC  Vote: ______ Yes ________ No

**Motion to approve Accountable Reimbursement**

Moved by: ______________________________ For (S)PRC  Vote: ______ Yes ________ No

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**Record of Vision & Goals**

**2021 Breakthrough Goals**

Motion to approve 2021 Breakthrough Goals:

Moved by: _____________________________ Seconded by: _____________________________

Vote: ______ Yes ________ No

---

**Other Business Cared For:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Submitted by ________________________________, Recording Secretary for Charge Conference
Church/Charge Conference Signatures:
(All signatures must be included and apply to all pages of this form)

________________________________                                    Date: ____________________
Lead Pastor Printed Name

________________________________                                    Date: ____________________
Signature

________________________________                                    Date: ____________________
Ad Board/Council/Leadership Team Chair Printed Name

________________________________                                    Date: ____________________
Signature

________________________________                                    Date: ____________________
S/PPRC Chair Printed Name (church or charge)

________________________________                                    Date: ____________________
Signature

________________________________                                    Date: ____________________
Treasurer Printed Name (church or charge)

________________________________                                    Date: ____________________
Signature

________________________________                                    Date: ____________________
Presiding Elder Printed Name

________________________________                                    Date: ____________________
Signature

________________________________                                    Date: ____________________
District Superintendent Printed Name

________________________________                                    Date: ____________________
Signature

Please note: The symbol “¶” refers to the relevant paragraph in the 2016 Book of Discipline.