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

2016 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: 2016 Compensation Report, Housing Allowance Exclusion, Accountable Reimbursement

Submission of Required Annual Reports ..... Trustee Chair, Finance Chair
Forms: 2015 Trustees Legal & Property, 2015 Parsonage Inspection, Safe Sanctuaries Policy, 2014 Audit Report

Vision & Goals

Pastor's Report ..... Pastor
A five-minute report on the progress of 2015 goals, projection of 2016 goals, for making disciples.

Breakthrough Goals ..... Leadership Team/Church or Ad Council Chair
Form: 2016 Breakthrough Goals

Closing

Closing Prayer ..... Pastor, Lay Person, or Presiding Elder

Worksheet for Basic Church Information:

Denomination/Conference
Name for Church: _____

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)

Day of Week	Time	Worship Style	Primary Language	Child Care

Yes__ No__ Do your service times change for the summer? (if no, you do not need to complete the table below)

Service times (during the school year)

Day of Week	Time	Worship Style	Primary Language	Child Care

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/Eurpopean
- ☐ 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
- ☐ Recovery Ministry
    - o Type of: _____
- ☐ Support Groups
    - o Type of: _____
- ☐ Prison Ministry
    - o __Kairos Prison Ministry __Horizon Prison Initiative Other:_____
- ☐ Transportation Ministry
- ☐ Preschool or Child Care Center
- ☐ Other: _____

Worksheet for Lay Leadership Nominations for 2016 Church Officers

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

Offices required by Discipline	Name
1. Ad Board/Council/Leadership Team Chair	_____
2. Finance Chair	_____
3. Lay Leader	_____
4. Lay Member to Annual Conference	_____
5. Lay Member Alternate to Annual Conference	_____
6. SP/PPRC Chair	_____
7. Treasurer	_____
8. Trustees Chair	_____

Other church officers:	Name
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____

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:

Local Church Lay Servants (¶ 247.11 & 266-269)

New Applications: _____

*Renewals:*_____

*Removals:*_____

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.

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. _____

Worksheet for 2016 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:_____
What position does this pastor hold:
___Associate Pastor ___Lead Pastor – Main Campus ____Lead Pastor – Satellite Campus
____Pastor Specialized Ministry

1. COMPENSATION INFORMATION: Cash salary approved at your Church/Charge Conference

   a. Amount paid by THIS church $ _____
      ____(Check here if additional churches are contributing to the Pastors salary)
      Additional church names:
      _____
   b. Amount paid by Equitable Compensation $ _____

   Total Approved Cash Compensation, excluding housing (add a+b) $_____

2. HOUSING ARRANGEMENTS

   a. Does this pastor live in a parsonage provided by this church? ___Yes____ No
   b. Housing Allowance amount this church provides 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
      i. 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) $_____

4. 2015 COMPENSATION

   a. During 2015, has this pastor been paid in accordance with the compensation reported on the 2014 charge conference form or more recent Statement of Benefits? ___Yes ___No

Worksheet for 2016 Breakthrough Goals

Passionate Worship

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

Ministry:	**Moved by:**	**Seconded by:**	**Yes Votes**	**No Votes**
Certification of Candidates for Ordained Ministry				
Continuation of Candidates for Ordained Ministry				
Begin or Renew Local Church Lay Servants				
Begin or Renew Certified Lay Servants				
Begin or Renew Lay Speakers				
Begin or Renew Certified Lay Ministers				
Nominated Lay Officers of the Church or Charge				
Other:				

Record of the Practical Stewardship of Our Ministry

Report:	**Moved by:**	**Seconded by:**	**Yes Votes**	**No Votes**
Membership Report				
2015 Trustees Legal & Property Report				
2015 Parsonage Inspection Report				
2014 Audit				
Safe Sanctuaries Policy				
Other:				

2016 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

Record of Vision & Goals

2016 Breakthrough Goals

Motion to approve 2016 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

_____

Signature

_____ *Date:* _____

Ad Board/Council/Leadership Team Chair Printed Name

_____

Signature

_____ *Date:* _____

SP/PPRC Chair Printed Name (church or charge)

_____

Signature

_____ *Date:* _____

Treasurer Printed Name (church or charge)

_____

Signature

_____ *Date:* _____

Presiding Elder Printed Name

_____

Signature

_____ *Date:* _____

District Superintendent Printed Name

_____

Signature