### **2025 Charge Conference Packet**

Below is a listing of the various reports due for Charge Conference. **All required and applicable Charge Conference reports are due on Friday, October 3, 2025.** 

Forms listed immediately under the **Form/Report** header are **required** to be completed by every church. Forms under the "if applicable..." header are **required**, **if applicable**, to also be completed by the **October 3**, **2025**, due date.

Please contact your District Administrator if you have any questions.

## Required/To be Completed By:

#### **Membership & Senior Pastor Report**

To be completed by: Membership & Senior Pastor Report

- First-year Reading Members for Removal 1st-year reading list
- Second-year Reading Members for Removal 2nd-year reading list

#### **Compensation Form**

Each appointed or assigned pastor must submit a signed compensation form/VOTE Required

#### **Report of the Trustees**

To be completed by: Trustee Chair

- Environmental Impact Evaluation 8a —If you answered yes, please provide a copy of the evaluation conducted.
- Environmental Impact Plan 8b If you answered yes, please provide a copy of the renovation/development plan.

**UMC Annual Accessibility Audit (Part of the Trustee Report)** – At the 2025 Arkansas Annual Conference, a motion was passed and approved mandating the completion of the Annual Accessibility Audit each year as part of your Charge Conference Report.

**Policy on Misconduct Statement** – Nothing to submit. Please review the statement. "Unlike recent years, the 2025 Charge Conference Packet does not contain the familiar "Policy on Misconduct of a Sexual Nature" document to be filled out and signed by your church clergy and staff. This is because we are currently working to update the recommended policy to properly align with the new 2020/2024 Book of Discipline and to more accurately reflect newer additions and changes to the 2020/2024 Book of Resolutions. Church leaders and pastors will be notified when the updated policy is ready to be used, but until then, your last signed policy will be understood to remain in effect."

#### **Report of the Finance Committee**

To be completed by Finance Chair

#### **Lay Member to Annual Conference**

To be completed by the Committee on Nominations

#### **Nominations (Traditional or Simplified Structure)**

To be completed by the Committee on Nominations

#### 200,000 More Reasons

Annual Report

### Required - Submit after your Charge Conference:

#### **Charge Conference Minutes**

To be completed by Recording Secretary

### **Additional Required Backup Documents:**

#### **Insurance Declaration Page**

Provide a copy of the DECLARATION page ONLY - Do not submit the full binder.

#### **Safe Gatherings Review Guarantee**

Requires Trustee Chair/Pastor review and Signature Guarantee

### Safe Gatherings Policy

Please provide a copy of your policy if it is not on file with the Safe Gatherings dashboard.

#### **Financial Control Review Guarantee**

Requires Finance Chair/Pastor review and Signature Guarantee

#### **Financial Control Policy**

Please provide a copy if not on file in the district office, or if policy has been revised.

## Submit these reports, if applicable:

#### **Accountable Reimbursement**

Requires Finance Chair/Pastor Signature Guarantee (Acct Reimb. is not considered part of the compensation package; instead, it is considered a budget item and is not figured into clergy pension.)

#### **Associate / Deacon Pastor Report**

Each appointed or assigned pastor should upload the pastor's report (Senior Pastor Report can be found on the Membership Report)

#### AR104a - Charge Conference Recommendation

SPRC Completes Online (This is for new or continuing candidates only. Local pastors do not need to complete it.)

#### **Certified Lay Servant Annual Report**

Lay Servant (new or renewing)

#### **Certified Lay Speaker Annual Report**

Lay Speaker (new or renewing)

#### **Certified Lay Minister Annual Report**

Lay Minister (new or renewing)

#### **Report of the Retired Clergy**

One form for each Retired Clergy person



## **2025 Charge Conference Minutes**

United Metho		Charge Confere	ence
was held on .			
The Charge Conference was chaired by			
Chairperson's Email:			
Items that Require a Vote to Approve The church's governing board must approve and recommend a charge conference.  Pastor's Membership Report	the charge con	·	before the
Including names for removal from the church's membership re	oll read aloud a	at the charge c	onference
(must be read aloud for two years before removal)			
Pastor's Compensation Forms for all appointed or assigned pastors	O Approved	O Rejected	
Lay Servants			
Lay Servant Name:		O Approved	O Rejected
Lay Servant Name:		$\bigcirc$ Approved	$\bigcirc$ Rejected
Lay Servant Name:		$\bigcirc$ Approved	$\bigcirc \ Rejected$
Certified Lay Speaker Name:		$\bigcirc$ Approved	$\bigcirc$ Rejected
Certified Lay Minister Name:		O Approved	
Nominations Committee (Check all that apply)  Approval of the slate of officers  Approval of list of all committees  Approval of lay/alternate member(s) to annual conference Rejected	nce		
Any revisions (including nominations from the floor of the cha	rge conference	e):	
		h	
Required Reports (Check all that apply) <u>Approved and Submitted</u> Pastor's Membership & Senior Pastor Report			
☐ Pastor(s) Compensation Form(s)			
☐ Report of the Trustees			
☐ Policy Statement on Sexual Misconduct			

☐ Report of the Finance Committee
☐ Vital Faith Communities
☐ Report of the Retired Clergy (if applicable)
☐ 200,000 More Reasons Annual Report
Other Required Reports & Policies to Submit (Check all that apply)  Approved and Submitted Accountable Reimbursement Policy (if applicable) Current Insurance Declarations Page Safe Gatherings Policy Financial Control Policy Associate Pastor/Deacon Report(s)
☐ Accessibility Audit and Plan
List any reports above that were rejected and provide the reason why it was rejected:
The Church Council/Administrative Board/governing board of the pastoral charge approves of the submitted recommendations and reports (unless rejected as indicated above), and hereby recommend these submissions to the Charge Conference for adoption.  By typing my name below, I, the recording secretary, acknowledge that I have recorded the minutes of the governing board's approval and of the charge conference.  Recording Secretary:  Name
Recording Secretary: Email



## **Report of the Pastor**

The report of the pastor shall include the names of all persons involved in the changes in membership and other items as outlined in the 2020/2024 *Book of Discipline*(¶¶234, 340). This report should cover as fully as possible the work of the pastor. Care should be taken not to duplicate the reports of the Church Council, committees, organizations, and officers of the charge.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and chairperson of witness or evangelism ministries.

For the period beginning		, and Ending		
DATE OF	PRIOR CHARGE CON	FERENCE DATE OF	F CURRENT CHARGE CONFE	RENCE
1. List those who have been into baptized membership si report.				ſ,
2. List those who have been a. On profession of faith or r		professing member	ership since the la	st report.
b. From other United Method churches.	list			
c. From other non-United Mechurches.	ethodist			
3. Names of persons filed wi (First Year Reading)	th Charge Cor	nference for next y	year's removal:	
$\Box$ I am uploading a list $\alpha$ rather than listing the		s being entered th	nis year as a First-y	vear reading for removal,
4. List those who have been (Second year reading - Note			•	·
a. By action of the Charge Co or trial court, or by withdraw				//
$\Box$ I am uploading a list $\circ$ rather than listing the		s being removed b	by the Second-year	r reading,
b. By transfer to other United churches.	d Methodist			//
c. By transfer to other non-U Methodist churches.	Inited			/2

d. By death.		
5. Have the membership	records and rolls been audited (¶231)	O Yes O No
If not, why not?		1,
relates to (¶ 340): providing ministering within the congregation. Include as a peducation and spiritual grow	oort on the state of the church and an acc support, guidance, and training to the la egation and to the world; and administeri art of the report a statement outlining the th for the past year and plans for the yea	y membership in the church; ng the temporal affairs of the e pastor's program of continuing
State of the Church:		
		/2
☐ I acknowledge that the namalong with their full knowled	e entered below represents an e-signature for ge and consent.	the person indicated,
Signed:		Date:
	PASTOR'S FULL NAME	
This form was completed	by:	

## 2026-2027 Pastor's Compensation Form



	f: July 1, 2026 through June 30, 2027 or		Current: July 2025	New: July 2026
Payment	Church Contribution to Pastor Compensation (Salary from Church)	1	- June 2026	- June 2027
T dymont	Equitable Compensation or other Conference 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		
	<b>Utilities and Appurtenances</b> 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 an FSP that the pastor sets following IRS Cafeteria Plan Section 125 Rules. It may NOT be used for health insurance premiums. It is a before-tax payroll deduction 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. FULL-TIME CLERGY MUST CONTRIBUTE AT LEAST 4% OF COMPENSATION (LINE 5 + HOUSING) TO RECEIVE FULL CHURCH MATCH.	7		
	UMPIP Contribution Is this tax-deferred?	7b	□ Yes	□ No
	<b>403B Contribution to Other than UMPIP</b> 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 Paid to Pastor Subtract Line 9 from Line 5	10		
Total	TOTAL CASH COMPENSATION Transfer from Line 5	11		
Housing	Parsonage Provided	Α	□ Yes □ No	
	Date of (S)PPRC chairperson's parsonage inspection	В	DATE:	
	Housing Allowance May only be used in lieu of parsonage	С		
Budget for Reimburse	Accountable Reimbursement Plan (optional) This budget is not considered a part of compensation. It is only paid out via voucher, with receipts required, and represents the maximum available. Pension for full-time is not paid on this amount.  Written Reimbursement Policy Must Be Agreed Upon and on File at Church	D		
Other Benefits	If the church provides group health insurance for the staff in which the pastor participates, enter the cost to the church for the clergy's employer-provided insurance.	E		
	How many weeks of vacation time will the pastor receive this year? (p.246, 2024 Arkansas Conference Journal)	F	weeks	weeks
Iled directly by the Pastor Paris reported to the	pastors, the church will be responsible for a pension benefit of approximately 14% of to y the conference office. This is a benefit and not included in the total compensation paid in the Relations Committee recommends compensation after consultation with the pastor and the Prinance Committee and the Administrative Board/Council for discussion and agreement. The ded to compensate the pastor at this level until the end of the conference year (1623.1).  **Treasurer Signature**	<b>d to th</b> Distri	ie pastor. ct Superintendent. Th	e recommendati
S(P)PRC Ch	air Signature District Superintenden	t Sia	nature	
. ,	For District Office Use Only	- 3		
	d in database			

#### 2026-2027 Pastor's Compensation Form Instructions

The compensation form matches the conference's appointive and fiscal year of July 1 - June 30. The new annual pastor's compensation will be applied to begin on July 1. If a congregation seeks to increase compensation for January-June, it should complete an <u>additional</u> compensation form using annualized amounts, indicate the appropriate effective dates, and include the additional form in the Charge Conference Packet for approval. Contact your DS for questions about clergy compensation.

#### **Payment**

- Church Contribution to Pastor Compensation (Line 1) 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) or housing allowance.
- Equitable Compensation or other Conference Support (Line 2) List all funds received from the Conference for the support of the salary for the pastor.
- Cash Allowances (Line 3) List any amount paid to the pastor for non-accountable cash allowances. This may include, but is not limited to, car or travel allowances, discretionary funds, and/or expense accounts.
- **Utilities and Appurtenances (Line 4)** 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 housing-related non-consumable expenditures. More information on this topic can be found in IRS Publication 517 or by visiting https://www.gcfa.org/forms-and-assets.

#### **Deductions**

- Flexible Spending Plan (Line 6) 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 <u>cannot</u> be used to reimburse medical expenses, including premiums for plans bought through the medical exchange.
- **UMPIP Contribution (Line 7)** 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 4% of plan compensation (Line 5 plus housing) must be contributed to receive a 4% matching contribution.
- **UMPIP Contribution Tax Deferred (Line 7b)** If the contribution from the prior line is contributed on a tax-deferred basis, then answer "Yes" on line 7b. If the contribution is being made after tax, answer "No."
- 403B Contribution Other Than UMPIP (Line 8) 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.

#### **Housing**

- Parsonage Provided (Line A) If your church provides a parsonage, answer "Yes." Otherwise, answer "No."
- Date of Parsonage Inspection (Line B) 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 (Line C) 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 of these funds. This amount may be reported on box 14 of the pastor's W-2. This amount is paid in addition to the amount on Line 11.

#### Reimbursements

Accountable Reimbursement (Line D) – A budgeted fund established to reimburse the pastor for expenses. Pension is not
paid on this amount and is not considered a part of compensation. This optional arrangement 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
<a href="https://www.gcfa.org/services/legal-services/gcfa-tax-packet/">https://www.gcfa.org/services/legal-services/gcfa-tax-packet/</a>.

#### **Other Benefits**

- Does the Church Provide Group Insurance for You (Line E) Enter the dollar amount that the <u>church pays</u> if the church provides group insurance for the staff for the calendar year in which YOU participate.
- The Conference Clergy Vacation Policy is on p. 246 of the 2024 Arkansas Conference Journal.

**Minimum Compensation for Full-Time Clergy** (*Equitable Compensation Commission Report, 2025 Arkansas Conference Journal*) The Annual Conference sets the minimum compensation for full-time clergy (Local Pastors, Elders, and Deacons), 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 \$49,780 Provisional or Associate Member \$48,699 Local Pastor \$47,617

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

Full Connection \$37,420 Provisional or Associate Member \$36,338 Local Pastor \$35,257



## **Report of the Trustees**

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

( $\P2550$ ). Additional reports should be made as requested by the Charge Conference or Church Council or equivalent. Numbers in parentheses refer to paragraphs in the 2020/2024 Book of Discipline.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and the board of trustees.

	Amboy <b>Church</b> Central <b>District</b>			MORIAL AMBO sas <b>Conferen</b>	_
For the period be	ginning  DATE OF PRIOR CHARGE CO	, and Ending	F CURRENT CHARGE CONFE	RENCE	
1. Organization for	the present conference	e year was effectiv	e <i>(Date)</i>		
by electing the follo	owing officers (no less	than three, and up	to nine persons):	•	
		Name		Term Expire	es
Chair					
Vice Chair					
Secretary					
Treasurer					
Member					
2.a. Is the local c	hurch incorporated	(¶2529.1a)?	○ Yes ○ No		
If "Yes," List the rethe state:	cord locator/account n	umber given to the	e organization by		
2.b. Who is the co	ustodian of deeds ar	d other legal pa	pers?		
2.c. Where are th	ey kept?				//
3.a. Name or name (¶¶2536, 2538):	es in which title to each		is recorded, as sho	own by civil la <b>Book</b>	
Church Duildings	Name	(5)	Office	BOOK	Page
Church Buildings					
Church Buildings					
Parsonages					
Parsonages					
Other					
Other					
4. Does each dee	d contain trust claus	se (¶2503)?	$\bigcirc$ Yes $\bigcirc$ No		
5. Do you have a equipment as the	long-term plan for t by deteriorate?	he replacement	of facilities and	○ Yes (	⊃ No

6.a. Insurance (¶¶2533.2, 2550.7)  Church Buildings						
	Amount of Coverage: \$					
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
<u>Parsonages</u>						
Replacement Value: \$	Amount of Coverage: \$					
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
Church Furnishings and Equipme	ent					
Replacement Value: \$	Amount of Coverage: \$					
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
Parsonage Furnishings and Equip	oment					
Replacement Value: \$	Amount of Coverage: \$					
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
<u>Vehicle(s)</u>						
Replacement Value: \$	Amount of Coverage: \$					
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
General Liability						
Amount of Coverage: \$						
Type of Coverage:	Company:					
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
Worker's Compensation						
Company:						
Restricted by Coinsurance $\bigcirc$ Yes $\bigcirc$	No Amount: \$	Expires:				
Directors and Officers/Errors and	d Omissions/Crime					
Amount of Coverage: \$						
Type of Coverage:	Company:					
Professional Liability Coverage (	<u>Including Sexual Misconduct)</u>					
Amount of Coverage: \$						
Type of Coverage:	Company:					
6.b. Have the buildings been insp within the past year?	pected for fire and other safety hazards	○ Yes ○ No				
6.c. Have you assessed the repla	cement value within the last 5 year?	○ Yes ○ No				
6.d. Who performed the assessment?						
6.e. Does the church have a Misc Sanctuaries?	onduct Prevention Policy, such as Safe	$\bigcirc$ Yes $\bigcirc$ No				
Note: It is recommended that the reviewed every couple of years.	e Misconduct Prevention Policy be Provide the date last reviewed:					

6.f. Is the amount of in	surance adequate	e?		○ Yes	$\bigcirc$ No		
(to determine the adequacy of coverage, please use the GCFA Insurance Worksheet found at <a href="https://www.gcfa.org/resource/umc-minimum-insurance-requirements">https://www.gcfa.org/resource/umc-minimum-insurance-requirements</a> )							
7.a. Has an annual acce conducted (¶2533.6)?	essibility audit for	church properties beer	n	○ Yes	○ No		
(an example accessibility a	audit form may be	found at: <u>http://www.gcfa</u>	a.org/forms	-and-res	ources		
7.b. If needed, have you o	developed an acces	sibility plan?		○ Yes	$\bigcirc$ No		
8.a. Has an annual eval buildings, grounds, and carbon neutral and/or I (¶2550.11)	facilities showin	g the impact on their al	bility to be	○ Yes	○ No		
8.b. If needed, have you devlopment to achieve this		meline for the renovation a	and	○ Yes	○ No		
9. Provide a detailed list o	f income-producing	and permanent funds:					
Item 1:			Date Recei	ived:			
Amount: \$	Where Invested:		Inco	ome: \$			
Item 2:			Date Recei	ived:			
Amount: \$	Where Invested:		Inco	ome: \$			
Is Used for:							
					/		
Item 3:			Date Recei	ived:			
Amount: \$	Where Invested:		Inco	ome: \$			
Is Used for:							
Give a statement "clarifyir toward the realization of t investments are socially re	he goals outlined in	n the Social Principles of th	ade a positi ne church a	ve contr nd show	ibution ing the		
					/		
I acknowledge that the na	ame entered helow re	presents an e-signature for th	ne nerson inc	dicated			
along with their full knowl			po. oon me				

CHAIR OF TRUSTEES

Signed:

Is Used for:

This form was completed by:

○ Yes ○ No

**Date:** 07/21/2025

### ANNUAL ACCESSIBILITY AUDIT FOR UNITED METHODIST CHURCHES (92533.6)



Church	District

	Υ	N	Guidelines (see key on p. 4 for scoring instructions & B, S, G info.)	Explain "NO" Answers
GETTIN	NG IN	ΤΟ ΤΙ	HE CHURCH	
1- <b>B</b>			Clearly visible signs mark <u>or</u> direct people to accessible entrances	
2- <b>B</b>			1+ marked ADA parking spaces are on level ground near entrance	
3- <b>G</b>			Wheelchair users don't have to go behind parked cars, cross traffic	
4- <b>S</b>			At least 1 per 25 spaces is clearly marked with access symbol on	
4- 3			vertical signs and on pavement (# of accessible spaces:)	
5- <b>B</b>			Accessible parking spaces are 8' wide with adjacent 5' access aisle	
6- <b>S</b>			At least one accessible space is van accessible: 11' wide with clearly	
0-3			marked adjacent 5' access aisle (or 8' space with 8' access aisle)	
7- <b>B</b>			36" wide curb cuts (curb ramps) are provided close to parking	
8- <b>B</b>			Route (sidewalk) from accessible parking to accessible building	
			entrance is smooth, flat, and at least 36" wide (width:)	
9- <b>B</b>			Entrance is level <u>or</u> has exterior ramp with non-slip surface and	
			minimum width of 36" between handrails (width:)	
10- <b>S</b>			Ramp has max. incline of 1:12 (length: rise: ratio:)	
			with no more than 30' between level landings, or entrance is level	
11- <b>S</b>			34-38" handrails are on both sides of exterior ramp/ stairs, lower	
			ramp railing is no higher than 4" above deck, <u>or entrance is level</u>	
12- <b>B</b>			There is a 60"x 60" level platform at entry door (size:) with	
			space (~ 18") on pull side of door <u>or</u> automatic door opener used	
13- <b>G</b>			Automatic door opener available, <u>or</u> attended doorbell for assist	
14- B			Entrance door is 36" wide; threshold no more than beveled ½" high	
	VG AF	ROUN	ID THE CHURCH	
15- <b>B</b>			Signs in entrances/ halls direct visitors and help them locate rooms	
16- <b>B</b>			Corridors are at least 36" wide and have non-glare floor surface	
47.0			Objects that protrude more than 4" from the wall have a lower	
17- <b>B</b>			edge no higher than 27" above the floor, or a barrier such as a	
			planter or guard rail, to allow detection with a cane	
18- <b>B</b>			Multi-level buildings provide access to all common/ most program	
			areas via elevator, lift and/ or ramp(s), <u>or building is on one level</u> Interior doorways have a minimum of 32" clearance and	
19- <b>B</b>			•	
			thresholds are level or are no more than ½" high and beveled  Door handles to ADA bathrooms/ common areas are easy to grasp,	
20- <b>S</b>			operate with one hand (e.g. lever style) using less than 6 lbs. force	
			Carpet pile is even, no more than ½" thick, with no or firm	
21- <b>S</b>			padding; floor mats have non-slip backing and are stable	
			Fire alarm controls and extinguishers are no more than 48"	
22- <b>G</b>			(h:) from floor; visual and auditory fire alarms are in place	
			At least one marked ADA unisex/ family restroom ( <i>or one stall in</i>	
			male & female restrooms) is accessible from each floor; has ~60"x	
23- <b>B</b>			60" turning space with 33 – 36" high wall-mounted grab bar next to	
			toilet extending 54" from back wall; toilet height 17 – 19" (h:)	
			27" sink clearance from floor (h:), w/ easy to operate controls	
24- <b>S</b>			(lever style, automatic, etc.), hot water & drain pipes are covered	
			Soap dispenser and paper towels are mounted no higher than 48"	
25- <b>B</b>			(h:) or placed on counter for access	
26- <b>B</b>			Bottom edge of at least one mirror is 40" or lower (h:)	
		I		i .

	Υ	N	Description / Guidelines (see page 4 for scoring instructions)	Explain "NO" Answers
27 D			Drinking fountain is no higher than 36" with easy hand controls and	
27- <b>B</b>			wheelchair clearance, <u>or</u> paper cups are provided	
28- <b>B</b>			Interior stairs/ ramps have handrails on both sides, or all one level	
29- <b>S</b>			Top/bottom step edges & ramp level changes marked, or one level	
SANCT	UARY	, CLA	SSROOMS, AND FELLOWSHIP AREA	,
30- <b>B</b>			At least 1-2 level pew cuts/spaces for wheelchair users are available	
			Wheelchair spaces are 33"x48" forward or 33"x60" side approach	
31- <b>S</b>			(size:), distributed throughout the room for choice in	
			seating, with view of pulpit/ screen when others stand	
32- <b>G</b>			Chancel area and choir loft are accessible, e.g. with ramp or lift	
33- <b>S</b>			Handrail(s) provided for steps to the chancel, <u>or chancel is level</u>	
34- <b>B</b>			At least one aisle in each space is 36" wide or more (w:)	
35- <b>B</b>			Fellowship - e.g. potlucks, coffee hour- is offered in accessible space	
36- <b>B</b>			In fellowship area and classrooms at least one table has minimum	
			of 27" clearance on the underside, and a maximum height of 34"	
37- <b>B</b>			1-2 sturdy chairs have armrests, seats ~18" from floor, & no wheels	
	IUNIC	ATIO	NS AND ENVIRONMENT	
38- <b>S</b>			Members are sensitized about need to minimize use of fragrances	
39- <b>G</b>			Soaps, cleaning products and other chemicals are fragrance free;	
40 C			candles are unscented and non-petroleum-based	
40- <b>S</b>			Projected words (e.g. song lyrics) use large font and good contrast	
41- <b>B</b>			Large print bulletin, song lyrics, & scriptures provided <i>on request</i>	
42- <b>S</b>			Braille <u>or</u> electronic documents provided <i>upon advanced request</i>	
43- <b>B</b> 44- <b>S</b>			Microphone used by all speakers or comments are repeated at mic.  Assisted listening system (FM and/or loop) & receivers are available	
44- <b>G</b>			ASSISTED IISTERING SYSTEM (FIVE analytic loop) & receivers are available  ASL sign language interpreter is provided upon advanced request	
46- <b>S</b>			Print/ e-mailed copies of sermon provided <i>upon advanced request</i>	
47- <b>G</b>			Captions are provided / turned on for videos and other media	
ATTITU	IDFS		captions are provided / turned on for videos and other media	
			Accessibility measures and who to contact for questions described	
48- <b>B</b>			in bulletin, website, maps, Find-A-Church site, <i>and/or</i> signage	
_			Pastor(s), ushers, greeters, and leaders have learned and practice	
49- <b>B</b>			appropriate disability etiquette and hospitality	
			Signs, websites, <u>and/or</u> bulletin boards offer evidence that people	
50- <b>S</b>			with visible and hidden disabilities are welcome and included in the	
			life of the congregation, e.g. through support group info., photos	
51- <b>B</b>			Disruptions are accepted and incorporated into worship	
52- <b>B</b>			Qualified service animals (e.g. guide dogs) are welcome within the	
32- <b>D</b>			church building(s) including the sanctuary and fellowship hall	
53- <b>B</b>			Congregation works to use inclusive, person-first language in	
33- <b>D</b>			worship, e.g. people are invited to "rise in body or in spirit"	
54- <b>S</b>			Classes and programs are adapted as needed to facilitate active	
			participation of children and adults with disabilities	
55- <b>B</b>			Disability Awareness Sunday ¶265.4 observed during past 1-2 years	
56- <b>S</b>			Gifts of persons with disabilities are identified and used in service,	
50 <b>3</b>			worship, and leadership roles, and to help to improve access	
57- <b>B</b>			Needs of people on special diets are considered when food is	
			offered, including gluten-free & alcohol-free communion elements	
58- <b>S</b>	<u> </u>		Transportation offered plus valet parking <u>or</u> parking lot assistance	
59- <b>S</b>			"Buddy" system offered for individuals needing 1:1 support	

GOALS FOR ACCESSIBILITY IMPROVEMENT FOR THE UPO	COMING YEAR	Target Date
1.		
	_	
2		
3.		
4.		
VES NO Powers consultation from Conference Disabil	lity Consours Committee	
YES NO Request consultation from Conference Disabil	iity Concerns Committee	
<b>Comments</b> (continue on additional pages if needed):		
		Date
Signature of Pastor:		Date
Signature of Trustees Chairperson:		Date
o.g. actar c or reaction champerson.		Date
Signature of District Superintendent:		
Date Form Completed Charge Conference Date		
PLEASE PRINT NAMES AND PROVIDE PHONE NUMBER OR E-MAIL ADD	DRESS:	
Form completed by	nfo	
Form completed by Contact in	IIIU	
Contact person for church Contact i	info	
· ————————————————————————————————————		

#### **PLEASE NOTE:**

- This form is for <u>use on existing buildings only</u>; refer to current <u>ADA standards</u> and state regulations for construction or major remodeling projects.
- The survey should be completed by a team including a member of the trustees, and people with construction, architecture and/or rehabilitation backgrounds. Include persons with disabilities and family members, especially someone who uses a wheelchair and someone with low vision.
- Interview persons with disabilities and family members of children and adults with disabilities to learn how welcoming your congregation is and to help set priorities.
- This is <u>not</u> an all-inclusive listing of ADA guidelines or appropriate accommodations, but rather represents basic first steps that a church may take to begin to implement accessibility measures.
- Resources are available through your <u>conference Disability Concerns Committee</u> (¶653) and through the Disability Ministry Committee of the UMC at <u>umcdmc.org</u> to help you plan and carry out improvements.

#### **Scoring Instructions:**

- 1. Based on your findings, circle or highlight the letter in the Yes column or mark the No column for each audit item. Focus on your main accessible entrance and Sunday morning activities, especially worship. If the intent of the item is met in a different way, e.g., greeters are posted on Sundays to open doors and provide directions (#13 and 15), mark it Yes. If you will fix the issue very soon, mark Yes. If an item occurs at least 85% of the time, e.g., microphone use in worship and meetings, score it Yes. If only part of a multi-question item is met, mark that item as No unless alternatives are given, as designated by "or." If a system is in place to provide services, e.g. "buddy" companions or e-mailed bulletin for Braille users, mark Yes even if no one is using it. See Guidance for Completing the Accessibility Audit at umcdmc.org for further clarification.
- 2. Add the number of **Yes** responses in each badge category (**Copper**, **Bronze**, **S**ilver, and **Gold**).
- 3. Compute the percentage of **Yes** responses in that badge category.
- 4. In order to receive a badge at the designated level, the church needs to score at least 85% at that level and any lower levels, i.e., the church cannot receive **S**ilver if the **B**ronze level is not met.

	Copper	Bronze	Silver	Gold
1. & 2. # of Yes's	/59	/32	/20	/7 +§ =
3. Percentage	%	%	%	%
4. Score earns badge?	Yes No	Yes No	Yes No	Yes* No
Criteria:	50% of <i>all</i> items	85% of <b>B</b> items	85% of B & S items	85% <u>B</u> , <u>S</u> & <u>G</u> items

**Honorable Mention – Copper** (Partial accommodations) – The church has completed the Annual Audit and set at least two specific goals for the coming year. While not physically accessible, the church strives to be disability-inclusive, make the changes they can, and make their ministries accessible in alternative ways. (*Verified by self-report, using this Annual Accessibility Audit for United Methodist Churches.*)

- **B** = **Bronze** (**Basic accessibility and accommodations**) The church is welcoming and offers basic amenities needed for a disabled person to participate, e.g., a place to park, a way to get into the building and sanctuary, a bathroom that is usable, etc. Most items at this level are low cost and easily provided. (*Verified by self-report, using this Annual Accessibility Audit for United Methodist Churches.*)
- **S** = <u>Silver (Satisfactory accessibility and accommodations)</u> The church has many accessible features and offers accommodations for persons with diverse disabilities including hearing loss and limited vision. While some areas are not yet fully accessible and inclusive, the congregation is working towards full accessibility. (*Verified by self-report, using this Annual Accessibility Audit for United Methodist Churches.*)
- **G** = **Gold** (**G**reat accessibility and accommodations) The congregation exceeds ADA and strives to provide accessible space and accommodations. The church welcomes persons with disabilities through intentional measures and ongoing need-based improvements. This church could host conference events per ¶716.2 of the *Book of Discipline*. (\**Verified by this Annual Accessibility Audit for United Methodist Churches and a virtual or in-person site visit*. §Additional measures you have taken may count as bonus **G**old points to reach 85% or more. You must apply for this level. Contact your conference Disability Concerns Committee or check the link below for further instructions.)

For all levels, check with your <u>annual conference Disability Concerns committee</u> or see the <u>DMC website</u> <u>Accessibility Resources</u> for instructions on how to access your badge.



# Report of the Finance Committee

The report of the Finance Committee shall be made on this form, or one revised and adapted by the Annual Conference.

Numbers in parentheses refer to paragraphs of *The 2020/2024 Book of Discipline*.

Copies of this report should be filed with committee on finance	h the recording secreta	ry, pastor, district superintendent and	d chairperson of the
	Church _		Charge
	District		_ Annual Conference
For the period beginning DATE OF	PRIOR CHARGE CONFERENCE	and ending	CHARGE CONFERENCE
	I. ORGAN	IZATION	
1.a. Has the committee been organized	according to The 2020	/2024 Book of Discipline (¶258.4)?	☐ Yes ☐ No
b. Names of officers?			
Chairperson		Vice Chairperson	
Treasurer(s)		Financial Secretary	
b. Did the committee give the Church	n Council an opportunity	v to request financial support for reco	mmended ministries
(¶258.4)? ☐ Yes ☐ No If not, why not?			
3. How frequently does the Financial Se	•	I members and contributors regular r Annually  No, we do not send	
4. Is giving by individual participants in the lift not, why not?	the local church regular	rly reviewed?	
5. What are the plans for raising sufficie	ent income to meet the	oudget adopted by the Church Coun	cil (¶258.4)?

6. Does the Financial Secretary/Treasurer report regularly to the Church Council on the giving trends in the church/charge? ☐ Yes ☐ No
If not, why not?
III. THE HANDLING OF CHURCH FUNDS
7. Does the Treasurer regularly make reports to the Committee on Finance and the Church Council on the financial position of the church (¶258.4b)?    Yes No  If not, why not?
8. Are all benevolences and other connectional funds remitted monthly to the conference treasurer (¶258.4b)?  ☐ Yes ☐ No  If not, why not?
9.a. What bank(s) have been designated by the Church Council as a depository (¶258.4d)?
b. Are all accounts FDIC insured and in amounts at or below the current FDIC insurable limit? ☐ Yes ☐ No If not, why not?
c. Are all accounts in the name of the church?
<ul> <li>10.a. Has the committee established written financial policies to document the internal controls of the local church (¶258.4d)? (Attach as a supplement.) ☐ Yes ☐ No</li> <li>b. Have these policies been reviewed by the committee and found to be adequate and effective (¶258.4d)? ☐ Yes ☐ No</li> </ul>
11. Are the church offerings counted by a counting committee in accordance with the mandates of <i>The Discipline</i> (¶258.4a)? ☐ Yes ☐ No If not, why not?

12. Are all funds deposited promptly in accordance with procedures developed by the Committee on Finance (¶258.4a, d)?    Yes   No
If not, why not?
13. Are financial officers of the church bonded (¶258.4b)?
If not, why not?
14.a. Have the financial records of the church and all its organizations been audited for the prior fiscal year (¶258.4c)? ☐ Yes ☐ No
b. If not, why not?
c. Were there any recommendations or exceptions?   Yes  No
d. If there were recommendations or exceptions, how has the church addressed them?
a. It there were resembled or exceptione, new has the sharen addressed them.
Signed
<u> </u>
Printed Name:
Date:
SEND COPIES TO:
The recording secretary
Pastor     District Superintendent
4. Chairperson of the committee on finance 5. Conference treasurer office
6. Charge conference of which you are a member and an affiliate member
7. Board of trustees 8. Bishop of the area in which you serve



### **Election of Lay Member/Alternate to Annual Conference**

Effective January 1

From ¶33, 2020/2024 Book of Discipline of the United Methodist Church "Each charge served by more than one clergy shall be entitled to as many lay members as there are clergy members. The lay members shall have been for the two years next preceding their election members of The United Methodist Church and shall have been active participants in The United Methodist Church for at least four years next preceding their election. If the lay membership should number less than the clergy members of the annual conference, the annual conference shall, by its formula, provide for the election of additional lay members to equalize lay and clergy membership of the annual conference."

- Lay and Alternate Lay Members of the Arkansas Annual Conference from your church or charge are the church members elected at this charge conference.
- A church or charge is allowed one lay member(s) and alternate lay member(s) per each appointed clergy to Annual Conference.
- During Annual Conference, only the votes of the official lay member elected at the charge conference (or the elected alternate in the lay member's absence) may be counted on the church or charge's behalf.
- One's vote cannot be transferred to someone else except by having another charge conference and selecting them as the lay member.
- To ensure each charge is represented, clergy are asked to contact lay and alternate lay members from the church or charge during late January and ask them to confirm that they can 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. Please inform district office of any changes.
- A church and/or charge in "to be supplied" status has a vote and must elect a Lay Member to Annual Conference.

Please list Lay and Alternate name(s) below, then proceed to the Local Church Leadership function in this application to enter their name, position, and contact information into your church's leadership records.

Reminder: the church or charge is allowed ONE Lay Member per each appointed/assigned Clergy.

Lay Member: Name	Email: Email
Lay Member: Name	Email: <i>Email</i>
Lay Member: Name	Email: Email
Alternate: Name	Email: Email
Alternate: Name	Email: Email
Alternate: Name	Email: Email



### **Nominations Report**

#### Our church uses:

- Traditional Structure
- Simplified Structure

#### 2026 Nominations - Traditional Structure

Please list the names of those in the elected positions below, then proceed to the Local Church Leadership function in this application to enter their name, position, and contact information into your church's leadership records.

Church Council/Adr	ministrative Board	
Chair:		
	of the chairs of the administrative commit ith the at-large committee members listed	
Name:		
Name:		
Class of 2027 Name:		
Name:		
Name:		
Class of 2028 Name:		
Name:		
Name:		
Finance Committee		
Chair:		
List Name of the Co Class of 2026	mmittee Members below.	
Name:		
Name:		
Name:		
Class of 2027 Name:		
Name:		
Name:		
Class of 2028 Name:		

Name:		
Name:		
Board of Trustees	d of two stores is officially also to discuss a the	first reacting in January, After the
	d of trustees is officially elected during the	
	re that you send the chair's name and con	tact information to your district office.
Chair:		
	mmittee Members below.	
Class of 2026		
Name:		
Name:		
Name:		
Class of 2027		
Name:		
Name:		
Name:		
Class of 2028		
Name:		
Name		
Name:		
Name:		
Staff-Parish Relatio	ns Committee	
Chair:		
	mmittee Members below. Leader and a Lay Member to Annual Confe	erence are voting members alongside the
committee members	mentioned below.	
Name:		
Name.		
Name:		
Name:		
Class of 2027		
Name:		
Name:		
Name:		
Class of 2028		
Name:		
Name:		
Name:		
Nominations Comm	ittee	
	ves as the chairperson of the nominating of	committee. Additionally, the lay leader is
	ngside the committee members mentioned	
Class of 2026	golde are committee members mentioned	. 55.5
Name:		
Name:		

Name:			
Class of 2027			
Name:			
Name:			
Name:			
Class of 2028			
Name:			
Name:			
Name:			
Lay Leader			
The Lay Leader serve	s as a voting member of the council, finar	nce, SPRC & nominations co	mmittees.
Name:			
Treasurer			
Name:			
	strict Superintendent is necessary to move		. Additionally,
	horize any variations of the standard Simp		O 11
shift from a tradition	equests approval from the District Su onal structure to a simplified alternati	ve structure.	○ No



### **Nominations Report**

#### Our church uses:

- Traditional Structure
- Simplified Structure

#### 2026 Nominations - Simplified Structure

The use of this Simplified Structure is based on ¶247.2 of the 2020/2024 Book of Discipline. District Superintendent approval is required to transition to the Simplified Structure.

- Variants of the Simplified Structure may be required by your DS.
- Elect 6-9 persons and indicate which member is serving as Chair and other officers.
- The board must include at least 3 laymen or 3 laywomen.
- The Lay Leader and Lay Member of Annual Conference may also serve as part of the 9 elected members or be counted as additional, bringing the board's total to 11.
- It is recommended for alignment purposes that the CHAIR serve as the SPRC Contact and Trustees Chair. By Discipline, the Trustee Chair and other Trustee officers are elected by the Board at their first meeting in January.

Please list the names of those in the elected positions below, then proceed to the Local Church Leadership function in this application to enter their name, position, and contact information into your church's leadership records.

Class of 2026	
1) Name:	
1) Officer Position (	on ct Person ct Person
2) Name:	
2) Officer Position (Ch Board Chairpers Vice-Chairpers Trustee Contact SPRC Contact	rson on ct Person ct Person
3) Name:	
3) Officer Position (Ch	rson on ct Person ct Person
Class of 2027 1) Name:	
1) Officer Position (	(Check all that apply.)

□ Board Chairperson

<ul><li></li></ul>	ct Person ct Person	
2) Name:		
2) Officer Position (Ch Board Chairper Vice-Chairpers Trustee Contact SPRC Contact	rson on ct Person ct Person	
3) Name:		
3) Officer Position (Ch	rson on ct Person ct Person	
Class of 2028		
1) Name:		
1) Officer Position (	on ct Person ct Person	
2) Name:		
2) Officer Position (Ch Board Chairper Vice-Chairpers Trustee Contact SPRC Contact	rson on ct Person ct Person	
3) Name:		
3) Officer Position (Ch	rson on ct Person ct Person	
Ex-Officio Members	(No vote)	
	nay be elected or assigned, and are not r	equired to be on the board.
United Women in Faith Representative: (formerly United Meth United Methodist Men Representative: United Methodist Yout	(UMM)	
Representative: (If under 18, UMY rep not be a trustee.)		

One individual can sei rotating classes above	rve multiple officer roles, and all officers a e.)	are usually members of one or the three
Lay Leader:		
Treasurer:		
	inations and Leadership Devlopment	
	tee is composed of not more than nine pe e at least one young adult and may includ	•
	ves as the chairperson of the nominating on a significant of the committee members mentioned the committee members are committee members and committee members are committee to the committee members are committeed to the committee of the committee members are committeed to the committee of the committee	
Class of 2026		
Name:		
Name:		
Name:		
Class of 2027		
Name:		
Name:		
Name:		
Class of 2028		
Name:		
Name:		
Name:		



### 200,000 More Reasons Report - 2025

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 no specific designation as a 200,000 More Reasons ministry; if you are providing or supporting a ministry, it counts!

$\hfill \Box$ Our church does not have a feeding and literacy ministry th	at includes children.	
Is your church reporting a new ministry this year, that	started this year?	○ Yes ○ No
Did your church stop providing a related ministry in the	past year?	○ Yes ○ No
Which ministry did your church stop providing in the past year	r? Why did the minist	ry stop?
NUTRITION  Please list the types of ministries that you provide or support help feed children and their families who are hungry or at risk		rs, or space, etc.) that
Check all that apply:  Food Pantry for the community  Food Pantry at a school  Backpack/Bag of food for the weekend  Blessing Box/Little Free Pantry  Other Emergency food distribution  Food collection for own or a local pantry  Support, volunteer or member of a regional food bank  Garden (produce is given to those in need or to a food  Gleaning (leftover produce from fields or farmer's mark  Public Witness or advocacy for policies that assist hung  Healthy eating or dieting  Commodities distribution  Afterschool snack program or distribution  Meal served at the church  Meal served away from the church  Cooking classes or Cooking Matters  SNAP Application Assistance	distribution program kets is gathered & dis	1)
Please provide contact information for the leader of each of yo	our Hunger and Nutri	tion ministries:
1) Name of Ministry: Ministry		Began: <i>Year</i>
Contact Person:		○ Clergy ○ Laity
Email: Email	Phone Number:	Phone

2) Name of Ministry:	Ministry		Began:	'ear
Contact Person:			O Clergy	O Laity
Email: <i>Email</i>		Phone Number:	Phone	
	of ministries that you provide or support eracy skills of children who are hungry o			, etc.) that
Check all that apply: After school to Little Free Libi After school to Summer litera Members serv Book club for Reading time Book distribut Imagination L	utoring or homework help onsite at churc rary or similar utoring or homework help offsite acy program e as reading tutors at a local school young readers ages 0-18 as a group or individually with kids as pa	rh		
			11	
	ct information for the leader of each of yo	our Literacy ministrie		<b>(</b> 2-2-1)
1) Name of Ministry: Contact Person:	Ministry		Began: \	
Email: <i>Email</i>		Phone Number:		O Laity
Check all that apply:  Exercise  Opioid and otl  Drug and Alco  Mental Health  Resourcing/Re  Counseling su  Support group	ner Substance Abuse Crisis Support shol Recovery Support Support, such as counseling or group wo eferring to other services pport os for single parents, grandparents raising skills development (job, interviewing, etc.	ork g kids or other at-ris		nysical
☐ Child fostering	rriage, or financial skills development g or adoption programs			
Other mental health ministries:				
Other physical health ministries:			//	
Please provide contac	ct information for the leader of each of yo	our Family Stability n	ninistries:	
1) Name of Ministry:	Ministry		Began:	'ear
Contact Person:			O Clergy	O Laity

Email:	Email	Phone Number:	Phone
Tell us impact	a story from this past year about your ministry, particus low-income/at-risk children and their families:	larly stories of how y	our ministry
			/,
Have y	ou attended a One More Question Training event	?	○ Yes ○ No
	u interested in learning more about or attending on Training?	a One More	○ Yes ○ No



Church		Charge
District		Arkansas Conference
reference checks, training, and maintaining	acted with Safe Gatherings, Inc to be respor g documentation for the Conference, as well working with protected persons at district or	as for local churches. All appointed
are required to upload a copy of their local	e adults to participate in District and Confere church's Safe Gatherings policy, which must ninimum, provisions comparable to those in	be approved by the local church
all policies include at least:	ne strongest terms to implement a Safe Gath ents as deemed appropriate by the local cong	5 . ,
<ul><li>children, youth, and adults</li><li>Guidelines for reporting reasonably st</li><li>Media response plan</li></ul>	uspected maltreatment	
<ul> <li>Selection of a Safe Gatherings Coordi congregation should provide the Conf information of the local coordinator.</li> </ul>	nator. It is strongly recommended that this i rerence Safe Gatherings Coordinator and Dist	·
<ul> <li>Guidelines on youth volunteers within</li> <li>Policy approval by the local church Bo</li> </ul>	pard of Trustees with an annual review and r	enewal date
Does the congregation's policy meet o Gatherings recommendations at <a href="https://gatherings/?">https://gatherings/?</a>	r exceed the Conference Safe //arumc.org/our-resources/safe-	res ○ No
Submission of Safe Gatherings Pol  A copy is on file on the Conference	•	
<ul> <li>We are not participating in the Safe</li> </ul>	Gatherings program, instead, see attached	policy.
Required Signatures		
The Safe Gatherings Policy has been review	ved (and revised, if necessary) and approved	d and submitted to the conference.
Name:	Trustee Cha	ir
Email:	Date:	
Name:	Pastor	
Email:	Date	



### **Financial Control Review Guarantee**

Church	Charge
District	Arkansas Conference
The Financial Control Policy has been reviewed (and revi	sed, if necessary) and approved.
Submission of Financial Control Policy	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ice. (If not, please upload)
O The Financial Control Policy has been revised. (Plea	use upload revised copy)
Required Signatures	
The Financial Control Policy has been reviewed (and revis	sed, if necessary), approved and submitted to the district office
Name:	<u> </u>
Email:	,,
Finance Chair	
Name:	<u></u>
	Date:,
Email:	



## **Accountable Reimbursement Policy**

Please complete one form for each appointed pastor receiving Accountable Reimbursement, only if applicable.

Charge
Arkansas Conference
nent (Line D in the Compensation Form). ecessary) and approved.
nation and IRS requirements concerning
ich has been signed nd district office.
peen uploaded.

### AR104a Charge Conference Recommendation

CHARGE CONFERENCE RECOMMENDATION FORM
The United Methodist Church of Arkansas
DECLARATION OF CANDIDACY FOR ORDAINED MINISTRY

andidate Name *
andidate email address *
uthorized Elder, District Superintendent, or Bishop
harge Conference Name
ate of Charge Conferenece Meeting
ype of Report *
New Candidate
Continuing Candidate
istrict *
) Central
) Northeast
Northwest
) South
HARGE CONFERENCE RECOMMENDATION et those who consider recommending persons for candidacy as ordained ministers in The United lethodist Church ask themselves the following questions which were first asked by John Wesley at the nird conference of Methodist preachers in 1746.

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? \*

$\bigcirc$	ye	S
------------	----	---

 $\bigcirc$  no

not sure

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? \*

 $\bigcirc$ 

7/22/25, 11:05 AM	AR104a Charge Conference Recommendation
yes	
○ no	
onot sure	
Have they fruit? (Elder and Local Pastor) Ha and converted to God, and are believers ed Are others edified by their service? *	•
O no	
o not sure	
United Methodist Church, this Charge candidate by the District Committee of to the fact that the declared candidate Methodist Church for at least two year certificate of equivalency, and has reconference.	God and is a suitable candidate for ordained ministry in The e Conference recommends the above for certification as a on Ordained Ministry. In making this recommendation, we attest the has been a member or affiliate member of The United ars, has graduated from an accredited high school or received a ceived by written ballot a two-thirds vote of the charge
United Methodist Church, this Charge candidate by the District Committee of to the fact that the declared candidate Methodist Church for at least two year certificate of equivalency, and has recommended.	e Conference recommends the above for certification as a on Ordained Ministry. In making this recommendation, we attest te has been a member or affiliate member of The United ars, has graduated from an accredited high school or received a ceived by written ballot a two-thirds vote of the charge
United Methodist Church, this Charge candidate by the District Committee of to the fact that the declared candidate Methodist Church for at least two year certificate of equivalency, and has reconference.	e Conference recommends the above for certification as a on Ordained Ministry. In making this recommendation, we attest te has been a member or affiliate member of The United ars, has graduated from an accredited high school or received a ceived by written ballot a two-thirds vote of the charge

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### CERTIFIED LAY SERVANT ANNUAL REPORT TO THE CHARGE CONFERENCE

Initial Application or Request for Renewal

Report fo	r year ending	



	The Shipper of the Sh
SECTION I: DATA ON THE LAY SERVANT	
Name (Mrs Ms Mr )	City/State/Zip
	E-mail
	City/State/Zip
	Only/Otato/210
SECTION II: STATUS OF THE LAY SERVAI	<u>NT</u>
For initial application as a Certified Lay	Servant
1. What year did you complete your Basic	Course?
2. What year did you complete your Advar	nced Course?
3. What was the title of your Advanced Co	purse?
For renewal as a Certified Lay Servant	
1. What year did you complete your last A	dvanced Course?
2. What was the title of your last Advance	d Course?
SECTION III: REQUEST OF THE LAY SERV	<u>VANT</u>
I request recommendation of my pastor and r Servant for the ensuing year.	my church council/charge conference to begin/renew as a Certified Lay
Date Lay Servant	
SECTION IV: RECOMMENDATION OF THE	E PASTOR
I recommend concurrence with the request of	f this person to begin/renew as a Certified Lay Servant for the ensuing year.
Date Pastor	
SECTION V: RECOMMENDATION OF THE	CHURCH COUNCIL/CHARGE CONFERENCE
The church council/charge conference of	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
recommends the above person begin/renew a	as a Certified Lay Servant for the ensuing year.

Date \_\_\_\_\_ Church Council Chair or District Superintendent \_\_\_\_

#### (To be completed by those requesting renewal as a Certified Lay Servant)

#### SECTION VI: MINISTRIES BY THE LAY SERVANT

During the past year, I have participated in <i>caring ministries</i> as follows:	
served as a volunteer in a care-giving institution	provided one-on-one caring
at a hospital, nursing home, or to a shut-in	in membership/evangelism visitation
served in caring/outreach projects (food pantry, prison ministry, etc)	
other caring activities (Please list)	
During the past year, I have participated in <i>leading ministries</i> as follows	S:
$\underline{\hspace{0.3cm}}$ served as member of committee, board, commission, council, task for	rce, etc.
as a volunteer at a community agency	
at my local church	
beyond my local church	
on my District Conference Jurisdiction General Church lev	rel
other leading activities (Please list)	
During the past year, I have participated in <i>communicating ministries</i> a	as follows:
brought message in worship services	
served as worship leader in services	
delivered devotional messages	
taught classes	
shared my faith story	
other speaking activities (Please list)	
During the past year I have participated in additional opportunities for min	nistry as follows (Additional writing space below):
SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE LAY S	EERVANT
In what activities have you engaged and/or what books have you read or your devotional life; improve your understanding of the Bible; improve yo Church; and to improve your skills in caring, leading, communicating and	ur understanding of The United Methodist
SECTION VIII: FEEDBACK BY THE LAY SERVANT	
<ol> <li>Do you feel called to be in service in any area of ministry, either in the not currently involved? Yes No (If yes, please list those areas be</li> </ol>	
2. What additional training or support do you need or would suggest to for	urther your ministry:
3. Give any recommendations you have for improving Lay Servant Minis	stries in your District or Conference:
(Note: District Directors are encouraged to respond to any comments wit	hin this section.)

**NOTICE:** After this form is completed and signed by those listed above, the Recording Secretary of the Church Council or Charge Conference is requested to reproduce THREE copies: (1)Lay Servant, (2)District Director of Lay Servant Ministries, (3)District Superintendent. The Recording Secretary of the Church Council or Charge Conference keeps the ORIGINAL. (Revised April 2014)

Additional Writing Space (Please be sure to indicate which question you are answering.)

# LAY SPEAKER ANNUAL REPORT TO THE CHARGE CONFERENCE

Initial Application or Request for Renewal

Report for year ending \_\_\_\_\_



### **SECTION I: DATA ON THE LAY SPEAKER** Name (Mrs. \_\_ Ms. \_\_ Mr. \_\_ ) \_\_\_\_ \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Address \_\_\_ \_\_\_\_\_\_ E-mail \_\_\_\_\_ Telephone \_\_\_ Name of District \_\_\_ Name of Church \_\_\_ \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Church Address \_\_\_\_\_ Church Telephone \_\_\_\_ SECTION II: STATUS OF THE LAY SPEAKER \_ For initial application as a Lay Speaker 1. Are you currently a Certified Lay Servant? \_\_ Yes \_\_ No 2. What year did you complete your Basic Course? \_\_\_\_ 3. What year did you complete your Advanced Course for certification as a lay servant? \_\_\_\_ 4. What was the title of your Advanced Course? \_\_\_ 5. Which of the following required Lay Speaking courses have been completed? \_\_ Leading Worship \_\_ Leading Prayer \_\_ Discovering Spiritual Gifts \_\_ Preaching (Upon completion of the required course work, the Lay Speaker candidate will be examined by the district committee on Lay Servant Ministries and recommended to the conference committee on Lay Servant Ministries to be considered for certification.) For renewal as a Lay Speaker What year did you first become certified as a Lay Speaker? \_\_\_\_\_ \_\_\_\_\_ Approved: \_\_ Yes \_\_ No Date of last review of Lay Speaker status: \_\_\_\_\_\_\_ 3. What year did you complete your last Advanced Course? \_\_\_\_\_ 4. What was the title of your last Advanced Course? \_\_\_\_\_ SECTION III: REQUEST OF THE LAY SPEAKER I request recommendation of my pastor and my charge conference to begin/renew as a Lay Speaker for the ensuing year. Date \_\_\_\_\_ Lay Servant \_\_\_\_\_ SECTION IV: RECOMMENDATION OF THE PASTOR I recommend concurrence with the request of this person to begin/renew as a Lay Speaker for the ensuing year. Date \_\_\_\_\_ Pastor \_\_\_\_ SECTION V: RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE \_\_\_\_\_ (church/charge) The church council/charge conference of \_\_\_

recommends the above person begin/renew as a Lay Speaker for the ensuing year.

\_\_\_\_\_ Church Council Chair or District Superintendent \_\_\_\_\_

### (To be completed by those requesting renewal as a Lay Speaker)

#### SECTION VI: MINISTRIES BY THE LAY SPEAKER

During the past year, I have participated in <i>caring ministries</i> as follows:	:
served as a volunteer in a care-giving institution	provided one-on-one caring
at a hospital, nursing home, or to a shut-in	in membership/evangelism visitation
served in caring/outreach projects (food pantry, prison ministry, etc)	
other caring activities (Please list)	
During the past year, I have participated in <i>leading ministries</i> as follows	s:
served as member of committee, board, commission, council, task fo	rce, etc.
as a volunteer at a community agency	
at my local church	
beyond my local church	
on my District Conference Jurisdiction General Church lev	/el
other leading activities (Please list)	
During the past year, I have participated in <i>communicating ministries</i>	as follows:
brought message in worship services	ao ionowo:
served as worship leader in services	
delivered devotional messages	
taught classes	
shared my faith story	
other speaking activities (Please list)	
During the past year I have participated in additional opportunities for mi	nistry as follows (Additional writing space below):
SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE LAY S	SPEAKER
In what activities have you engaged and/or what books have you read or your devotional life; improve your understanding of the Bible; improve your Church; and to improve your skills in caring, leading, communicating and	our understanding of The United Methodist
SECTION VIII: FEEDBACK BY THE LAY SPEAKER	
<ol> <li>Do you feel called to be in service in any area of ministry, either in the not currently involved? Yes No (If yes, please list those areas to</li> </ol>	
2. What additional training or support do you need or would suggest to f	further your ministry:
Give any recommendations you have for improving Lay Servant Minis	stries in your District or Conference:
(Note: District Directors are encouraged to respond to any comments with	thin this section.)

**NOTICE:** After this form is completed and signed by those listed above, the Recording Secretary of the Charge Conference is requested to reproduce THREE copies: (1)Lay Speaker, (2)District Director of Lay Servant Ministries, (3)District Superintendent. The Recording Secretary of the Charge Conference keeps the ORIGINAL. (Revised September 2016)

Additional Writing Space (Please be sure to indicate which question you are answering.)

### **CERTIFIED LAY MINISTER** ANNUAL REPORT TO THE CHARGE CONFERENCE

Initial Application or Request for Renewal

Report for	year ending	a a



SECTION I: D	ATA ON THE	CERTIFIED L	.AY MINISTER
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SECTION I: DATA	ON THE CERTIFIED LAY MINIST	<u>rer</u>	
Address		City/State/Zip	
Telephone		E-mail	
Name of District			
Name of Church			
Church Address		City/State/Zip	
Church Telephone _			
SECTION II: STATI	US OF THE CERTIFIED LAY MIN	IISTER	
	cation as a Certified Lay Minister	<del></del>	
	ntly a Certified Lay Servant? Y	⁄es No	
-		?	
-		urse for certification as a lay servant?	
•		,	
	following required Lay Speaking co		
		Module 2: The Practice of Ministry	
	Organization for Ministry	•	
requests a letter of	f recommendation from his/her Distric	completion of appropriate screening and asse t Superintendent. The CLM candidate then ap terview and recommendation for certification.)	plies in writing and appears
For recertification	on as a Certified Lay Minister		
1. What year did	you first become certified as a La	ay Minister?	
2. Date of last re	eview of CLM status:		_ Approved: Yes No
3. What year did	you complete your last approved	continuing education event?	
4. What was the	title of your last approved continu	ing education event?	
requests a letter of	f recommendation from his/her Distric	completion of appropriate screening and asse t Superintendent. The CLM candidate then ap terview and recommendation for certification.)	plies in writing and appears
SECTION III: REQI	UEST OF THE CERTIFIED LAY N	MINISTER	
l request a recomme Certified Lay Ministe		ch council or charge conference to becon	ne or continue as a
For those not curre	ently under assignment:		
I request a minis	try review by my church council/ch	harge conference where my membership	is held. (every two years)
For those currently	y under assignment:		
_		harge conference where I am assigned. (	every two years)
Date	Certified Lay Servant	t/Certified Lay Minister	

### SECTION IV: RECOMMENDATION OF THE PASTOR (for initial application) I recommend concurrence with the request of this person to become or continue as a Certified Lay Minister. Date \_\_\_\_\_ Pastor \_ SECTION V: RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE \_\_\_\_ (church/charge) The church council/charge conference of \_\_ recommends the above person become or continue as a Certified Lay Minister. Church Council Chair SECTION VI: MINISTRIES OF THE CERTIFIED LAY MINISTER During the past year, I have participated in *caring ministries* as follows: served as a volunteer in a care-giving institution provided one-on-one caring \_\_ at a hospital, nursing home, or to a shut-in in membership/evangelism visitation \_\_ served in caring/outreach projects (food pantry, prison ministry, etc) other caring activities (Please list) \_\_\_ During the past year, I have participated in *leading ministries* as follows: \_\_ served as member of committee, board, commission, council, task force, etc. as a volunteer at a community agency at my local church \_\_ beyond my local church \_\_ on my District \_\_ Conference \_\_ Jurisdiction \_\_ General Church level \_\_ other leading activities (Please list) \_\_\_\_ During the past year, I have participated in *communicating ministries* as follows: \_\_\_ brought message in \_\_\_\_\_ worship services \_\_\_ served as worship leader in \_\_\_\_\_ services \_\_ delivered \_\_\_\_ devotional messages \_\_ taught \_\_\_\_ classes \_\_ shared my faith story \_\_\_\_\_ \_\_\_ other speaking activities (Please list) \_\_\_\_\_ During the past year I have participated in additional opportunities for ministry as follows (Additional writing space below): SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE CERTIFIED LAY MINISTER In what activities have you engaged and/or what books have you read or used during the past year to help you develop your devotional life; improve your understanding of the Bible; improve your understanding of The United Methodist Church; and to improve your skills in caring, leading, communicating and speaking? SECTION VIII: FEEDBACK BY THE CERTIFIED LAY MINISTER

### Do you fool called to be in convice in any area of ministry either in

Do you feel called to be in service in any area of ministry, either in the church or outside the church, in which you are not currently involved? \_\_ Yes \_\_ No (If yes, please list those areas below.)

Additional Writing Space (Please be sure to indicate which question you are answering.)



## **Retired Clergy Report to the Charge Conference**

Name of Clergy	<b>/</b> :		
Address:			
City, State, Zi	p:		
Home Phone:			
Cell Phone:			
Email:			
Clergy Status			
Charge Confe	rence Membership:		
1. Number of	Funerals		
2. Number of Engagements			
3. Number of	Weddings		
4. Number of	Baptisms		
Narrative Rep paragraphs, p year of minist	oort: (in a couple of please summarize your try)		
			//
	e for pulpit supply, if ne ase add me to the district		
○ No, I ar	n no longer able to fill a pu	ılpit	
	e that the name entered belower full knowledge and consent	w represents an e-signature for the person indicated, t.	
Signed:		Date:	
	RETIRED CI	LERGY PERSON	_
This form was	s completed by:		