2027 Ministerial Compensation Matching Grants

Purpose of Grants

Recognizing the health and wellbeing of our ministers is important to our Region and our congregations, and as part of our Clergy Wellness goals, the Arizona Region is making available a matching grant to congregations that are increasing an aspect of their minister's compensation in 2027.

Grant Details

Grants of up to $1,000 per congregation in matching funds are available to Arizona Disciples Congregations (Chartered, In-Formation, or Emerging). These funds are to match a 2027 increase in their minister's compensation.

This increase can be, but is not limited to: **salary** (salary, housing, cost of living increase), **benefits** (social security offset, Pension and/or 403(b) account contributions, health care (including mental health stipend), vacation allotment, sick time allotment), **business expenses** (continuing education events/materials/time, mileage or travel reimbursement, sabbatical funds, mobile phone expenses), **or other ways to encourage and assist your minister in their general wellness** (day of fun, gym membership, floating holiday, etc.). Work with your minister(s) to best understand where an increase would most impact their wellness.

Process, Requirements, & Eligibility

Grant requests will be reviewed and approved by Regional staff and additional regional leadership when appropriate. Applications will be evaluated based on the following factors:

- Congregation's status is "Chartered," "In-Formation," or "Emerging" within the Arizona Region
- The amount requested is $1,000 or less and matching an equal amount of increase in compensation
- Congregation has reported to ALEX in the previous year
- Completed Grant Application, including Current Ministerial Compensation checklist (pg. 4), is received prior to December 31, 2026
- Current year's (2026) most recent financial reports (including a profit and loss statement and balance sheet, or equivalents)
- Next year's (2027) annual budget (please indicate if proposed or adopted)
- Availability of funds

Award Conditions

Grants offered are subject to the congregation's agreement to:

- When appropriate, return any grant funds received that are either (1) not utilized for the intended purpose or (2) remaining if a minister leaves the congregation before the end of 2027.
- At the request of the Region, submit a summary or report of the impact of the grant on their ability to care for their minister(s).

Completed forms should be emailed to region@azdisciples.org. Only complete application packets will be reviewed. **Completed packets include pages 3 and 4 of this application.**

Requests will generally be reviewed within two business weeks of submission.

2027 Clergy Compensation Grant Application

Applicant Information

Church: _____

Address:_____
& Street City State ZIP

Person Completing Application (ideally Board Moderator or Personnel Chair)

Name (first and last): _____ Role: _____

Phone:_____ Email: _____

Compensation Increase Information

Grant Amount Requested: $_____ (not to exceed $1000.00)

Name(s) of your minister(s) who will benefit from the grant: _____

Describe the increase to ministerial compensation your congregation is providing (e.g. salary increase, continuing education reimbursement, sabbatical leave funds, etc.):

_____

_____

This is a matching grant. What is the amount that the congregation is spending (excluding **any** amount granted by the Region): _____ (not to be less than the Grant Amount Requested above)?

Signed Commitment to Ministerial Compensation Increase

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Email the completed application and any additional information to region@azdisciples.org.

Once a completed application is received, reviewed and approved, the grant amount can be paid via direct deposit or mailed check. For direct deposit, please include the completed "Vendor Direct Deposit Authorisation AZ.pdf" and a scanned copy of a voided check with the application.

Current Ministerial Compensation

Please fully complete this section, referring to your minister's letter of call, current budget, and personnel policies. If you have additional compensation pieces not listed below, please attach an additional page with that information. This page can be saved by your congregation as a resource when discussing the various ways your ministers can be compensated. ***Choose all that apply to your Ministerial Compensation as of 2026.***

Governance

- ☐ Active Pastoral Relations Committee

Salary Compensation

- ☐ Salary $ _____ per year
- ☐ Housing $ _____ per year

Benefits

- ☐ Social Security Offset (typically 7.65%) $ _____ per year
- ☐ Pension Dues (typically 14%) $ _____ per year
- ☐ TDRA (403b) contributions $ _____ per year
- ☐ Health Insurance $ _____ per year
- ☐ Mental Health Stipend $ _____ per year
- ☐ Sabbatical _____ months per ___ years
- ☐ Sabbatical funds $ _____ per year
- ☐ Regular day(s) off each week _____
- ☐ Paid Vacation _____ days per ___ year (____ Sundays per year)
- ☐ Paid Sick Leave _____ days per ___ year
- ☐ Parental Leave _____ days

Business Expenses

- ☐ Continuing Education time _____ days per ___ year
- ☐ Continuing Education budget $ _____ per year
- ☐ Retreat Budget $ _____ per year
- ☐ Assembly (Regional and General) budget $ _____ per year
- ☐ Mileage or travel reimbursement budget $ _____ per year
- ☐ Meals with guests/parishioners $ _____ per year
- ☐ Other _____ $ _____ per year **or** _____ days per ___ year

Additional Benefits or Expenses

- ☐ Day of fun $ _____ per year
- ☐ Gym membership $ _____ per year
- ☐ Other _____ $ _____ per year **or** _____ days per ___ year

Vendor Direct Deposit Authorization

Please scan to (region@azdisciples.org and treasury@disciples.org) or mail back to

OGMP-Treasury Services
PO Box 1986
Indianapolis, IN 46206
ATTN: Accounts Payable

Organization: _____

Bank name: _____ Bank address: _____

Transit/ABA routing #: _____ Bank account #: _____

Signature: _____ Title: _____

Email address: _____

Date: _____

The above-named institution hereby authorizes OGMP on behalf of ***Christian Church in Arizona*** to make credit entries to the checking or savings account in the bank named above, and authorizes the bank to accept and to credit the amount of such entries to the institution's account. This authority is to remain in full force and effect until written notification from above named institution is received requesting termination/change. Such request must afford reasonable time to act. If funds to which the above named institution is not entitled are deposited to their account, OGMP will request a return of such funds. Please attach a voided check or a copy of a blank, voided check for verification of transit numbers.