**The Methodist Church of New Zealand**

**Te Haahi Weteriana o Aotearoa**

**Mission Resourcing**

Private Bag 11-903, Ellerslie 1542 409 Great South Road, Penrose, Auckland

Phone (09) 525 4179 Fax (09) 525 4346 Email admin@missionresourcing.org.nz

**STIPEND ASSISTANCE GRANT FUND**

CRITERIA AND APPLICATION FORM

* Stipends Assistance is available to Parishes where a minister is unavailable for normal ministry tasks due to Long service leave, illness or disability. During this time, parishes are encouraged to explore other models of ministry using their own resources.
* This grant is available only for assistance with Stipend and some housing (Not allowances or mileage) and will be calculated on a per week basis on the basic stipend as advised by the Connexional Office.
* Approved Stipends Assistance is paid directly to the supply Presbyter / Deacon / Lay person via the Methodist Church Central Payroll.
* Stipend Assistance is normally paid for up to half of a normal ministry time (E.g. Where a ministry is normally full time, up to half a stipend can be applied for. Where a ministry is normally half time, up to quarter stipend can be applied for.)
* Applications are assessed on several criteria, including the ability of a parish to support supply ministry and availability of Connexional funds.
* Stipend Assistance is only available for Methodist Ministers or for Ministers in CV’s under Methodist Oversight.
* Applications must be approved by the Parish Council and Synod Superintendent (or Synod Executive)
* Applications for Stipends Assistance for planned leave (E.g. Long Service Leave) must be in to the Mission Resourcing Office at least 2 months before the leave is required.
* A covenant is required for all supply appointments, and must be confirmed with one of the Mission Resourcing Directors before stipend payments can be made.
* The following parish financial statements must be supplied with the application before stipend payments can be made: The current and previous quarterly / monthly accounts and the last or current audited / reviewed financial statements.
* If this application is for illness, the Presbyter / Deacon must provide a medical report.
* The Church understands that the Presbyter is not available for any pastoral, sacramental, or preaching engagements in your parish or in any other parish during this time.

**Please note:**

This form is able to be completed on computer or by hand. You will need to print it for signing and to post to Mission Resourcing with all the relevant documents attached. Please contact the Mission Resourcing office by phone or email if you have any questions.

**FORM MUST BE COMPLETED BY THE PARISH / SYNOD**

**SEEKING THE GRANT**

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| **Name and number of Parish for whom this grant application is being sought:** |
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| **Parish contact:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
|  |
| **Presbyter / Deacon:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
|  |
| **This application is for:** | [ ]  Illness /  Disability | [ ]  Long Service Leave | [ ]  Other  Leave |
|  |
| **For what period would the Presbyter / Deacon unavailable for?** |
| From: |  | To: |  |
|  |

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| **For how many weeks do you believe financial assistance will be required?** |
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| **How much assistance do you believe you will require? (1/2, ¼ stipend etc)** |
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|  |
| **Full name of Supply:** |  |
| **Address:** |  |
| **Email address:** (To send payslips) |  |
| **Home phone:** |  |
|  |
| **Bank Account number:** |  |
| **IRD Number:** |  |
| **Tax Code:** |  |
| *Please note that the Supply must complete an IR330 form which must be returned with the application.* |
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| **Commence date with Parish:** |  |
| **End date with Parish:** |  |

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| **CHECKLIST** |
| The following documents must accompany the application to be processed. Any applications received without these documents will not be processed. |
| **[ ]**  | **IR330 Form completed by Supply** |
| **[ ]**  | **Covenant for the Supply** |
| **[ ]**  | **Parish Financial statements** |
| **[ ]**  | **Medical Certificate (for sick leave)** |
| **[ ]**  | **Support documentation from Synod, etc.** |

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| **SIGNED BY** |
| **Presbyter:** |  |
| **Supply:** |  |
| **Parish Steward:** |  |
| **Synod Superintendent:** |  |
| **Date:** |  |

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| **Send to:** | Stipends Assistance Grant FundC/- Mission ResourcingPrivate Bag 11 903Ellerslie, AUCKLAND 1542 |
|  | admin@missionresourcing.org.nz  |

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| **FOR OFFICE USE ONLY** |
| **Date application received:** |  |  |
| **Date acknowledgement sent:** |  |  |
| **Meeting date:** |  |  |
| **Committee’s decision:** |  |  |
| **Amount granted:** |  |  |
| **Notes:** |  |  |
| **Date Communication completed:** |  |  |
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