



Presbyterian Church
of Queensland



MINISTRY SUPPORT FUND SCHEDULE [Form C]

CHARGE: _____

APPOINTED POSITION: _____

PRESBYTERY: _____

Prior to the proposed appointment of a Minister or Accredited Ministry Worker to a Charge, this schedule should be carefully completed and submitted to a congregational meeting. When approved, the schedule (in triplicate) should be forwarded to the Director of Ministry Resourcing, **Presbyterian Church of Queensland, PO Box 510, Spring Hill QLD 4004**. Presbyteries may not proceed towards an appointment of a Minister or Accredited Ministry Worker to a Charge until the Committee on Ministry Resourcing has indicated its approval of the schedule. Therefore, this schedule should be furnished in ample time in order to avoid any undue delay. If you need help to complete this schedule, please contact the Director of Ministry Resourcing or Administration Manager.

APPROVAL OF THE SCHEDULE

The Congregation

This Schedule was submitted to, and approved by, a Congregational Meeting of the _____ Charge held on ___/___/20___ and forwarded to the Committee on Ministry Resourcing on ___/___/20___.

Session Clerk

The Committee on Ministry Resourcing

This Schedule (including the Terms of Appointment) was approved by the Committee on Ministry Resourcing on ___/___/20___

Director of Home Ministry

The Presbytery

The _____ Presbytery approved the Terms of Appointment and other proposals of the Schedule on ___/___/20___

Moderator of Presbytery

Schedule prepared/revised: Date -

20____

SECTION A: CHURCH STATISTICS

Names of Preaching Places

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

| | |
|---|--|
| Average attendance per week during the last six months? | |
| Average giving per month during the last six months? | |

SECTION B: STATEMENT OF ASSETS OF THE CHARGE

FINANCIAL BALANCES: Current bank balances (*List accounts*)

| ACCOUNT | TOTAL |
|--------------|-------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| TOTAL | \$ |

INCOME-PRODUCING ASSETS: Please list here all income-producing assets or trusts, and indicate whether the interest will be used in the calculation of ordinary revenue for the Charge.

| ASSET | CAPITAL VALUE | ANNUAL INTEREST EARNED | USED FOR ORDINARY REVENUE |
|--------------|---------------|------------------------|---------------------------|
| 1. | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ * |

* Please transfer this amount to Item. 2 of Section E.

SECTION C: STATEMENT OF ALL LIABILITIES OF THE CHARGE

| | |
|---|----------|
| Debt on _____ to _____ secured by mortgage | \$ _____ |
| Debt due to _____ to _____ Bank | \$ _____ |
| Any other debts [Please name] _____ | \$ _____ |
| Arrears of Ministry Support Fund payments and/or for Supply _____ | \$ _____ |
| Arrears of Assessments for Assembly and Presbytery Funds _____ | \$ _____ |
| Other: [Please name] _____ | \$ _____ |
| TOTAL | \$ _____ |

SECTION D: TERMS OF APPOINTMENT

PERIOD: _____ MONTHS

| | | |
|--|--|----|
| Cash Stipend for Zone _____ (see Sustentation Fund Regulations 2, 4 and 5) | Please indicate actual amount payable for the appointment, not an estimate | \$ |
| Is there a Manse provided? Yes or No | | |
| If Yes, does the Manse fall within the requirements of Guideline 210? Yes or No | | |
| If not within the requirements, please specify: | | |
| If Yes, reduced EPFB ("manse provided"), or not applicable [N/A] | | \$ |
| If Yes, Manse energy [\$ or 100%, or paid by the Appointee] | | |
| If No, Manse Rental (when "manse provided" through means of rental on behalf of Appointee), or not applicable [N/A] | | \$ |
| If No, EPFB ("no manse provided" because manse is owned by the Appointee), or not applicable [N/A] | | \$ |
| Do the Cash Stipend and EPFB reflect Terms of Appointment above the zone minimum? Yes or No | | |
| If yes, what is the percentage; or not applicable [N/A]? | | % |
| Ministry Expenses Allowance | Zone of charge: _____ | \$ |
| Does the Ministry Expenses Allowance reflect Terms of Appointment different from the zone minimum? Yes or No | | |
| If yes, why; or not applicable [N/A]? | | |
| Telecommunication: Please specify arrangements, eg: Manse Rental Paid By Church; Appointee reimburses private calls; Phone at church for church-related calls; Terms of mobile phone; Internet provision [Costs to Charge should be listed under Section F Item 14] | | |
| Holidays: If minimum of four weeks a year including four Sundays (pro rata), indicate "Yes". If other, specify | | |

**SECTION E: STATEMENT OF ESTIMATED REVENUE
FOR THE PERIOD OF PROPOSED APPOINTMENT**

(Note: This estimate should be based on previous year's results, with such alterations as prevailing circumstances suggest)

1. Collections/contributions (*List each centre of worship*):

| | |
|------------------|-----------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| SUB TOTAL | \$ |

2. Income from Assets or Trusts

| | |
|------------------|-----------|
| 1. | \$ |
| 2. | \$ |
| SUB TOTAL | \$ |

3. Other revenues [Name each source]

| | |
|--------------------------------|-----------|
| 1. | \$ |
| 2. | \$ |
| SUB TOTAL | \$ |
| TOTAL ESTIMATED REVENUE | \$ |

**SECTION F:
STATEMENT OF ESTIMATED EXPENDITURE
FOR THE PERIOD OF THE PROPOSED APPOINTMENT**

for ordinary purposes of the Charge

CALCULATION OF TERMS OF APPOINTMENT

| | |
|---|--|
| Payments listed under the Terms of Appointment | |
| Stipend \$ _____; EPFB \$ _____; Allowance \$ _____ | SUB-TOTAL \$ _____ |
| Less any approved stipend subsidies [First year] \$ _____ | LESS SUBSIDY \$ _____ |
| | TOTAL \$ _____ |

STATEMENT OF EXPENDITURE

| ITEM | AMOUNT | NOTES |
|---|-----------|-------|
| 1. Total Terms of Appointment [Section F] | \$ | |
| 2. Superannuation Payment | \$ | |
| 3. Total payments for other Terms of Appointment (Specialised Ministry Workers) [Section G] | \$ | |
| 4. Total payments for Other Ministry Workers [Section H] | \$ | |
| 5. Salaries of non-religious workers. E.g. Organist, secretary [Section I] | \$ | |
| 6. Ministry Support Fund Assessment | \$ | |
| 7. Assembly Assessments | \$ | |
| 8. State Mission Program [SMP] | \$ | |
| 9. Presbytery Levy | \$ | |
| 10. Repayment of Capital Expenditure | \$ | |
| 11. Payment of Interest on Loans | \$ | |
| 12. Support for Missionaries etc. from ordinary revenue | \$ | |
| 13. Rates, Land Tax etc | \$ | |
| 14. Electricity/Gas and Maintenance Expenses | \$ | |
| 15. General operating costs. E.g. Cleaning, grounds, repairs | \$ | |
| 16. Insurances | \$ | |
| 17. Printing costs, Christian education, licence fees etc | \$ | |
| 18. Other – please specify | \$ | |
| 19. Sundry/unbudgeted increases | \$ | |
| 20. Major work scheduled – Estimate | \$ | |
| TOTAL ESTIMATED EXPENDITURE | \$ | |