



MINISTRY SUPPORT FUND SCHEDULE [Form D]

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 should be forwarded to the Presbytery and Director of Ministry Resourcing, **Presbyterian Church of Queensland, PO Box 1351, Milton LPO QLD 4064**. Presbyteries may proceed towards an appointment of a Minister or Accredited Ministry Worker based upon notification by the Director of Ministry Resourcing that he has approved the Schedule. The action of the Director will be reported to, and minuted by, the next meeting of the Committee on Ministry Resourcing. 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 Director of Ministry Resourcing on ___/___/20___.

Session Clerk

Director of Ministry Resourcing

This Schedule (including the Terms of Appointment) was approved by the Director of 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 - 201 _____

SECTION A: CHURCH STATISTICS

Names of Preaching Places

1.	2.	3.
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Average attendance per week during the last six months?	
Average giving per month during the last six months?	

SECTION B: ASSETS OF THE CHARGE

TOTAL OF BANK BALANCES	\$
TOTAL INCOME PRODUCING ASSETS	\$
TOTAL RESERVES TO OFFSET DEFICIT (if applicable)	\$

SECTION C: LIABILITIES OF THE CHARGE

TOTAL DEBTS	\$
TOTAL ARREARS IN ASSESSMENTS	\$
TOTAL LIABILITIES (if applicable)	\$

SECTION D: TERMS OF APPOINTMENT

PERIOD: MONTHS

Cash Stipend for Zone _____ (see Ministry Support 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, 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]		\$
Ministry Expenses Allowance	Zone of charge: _____	\$
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 2]		
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 INTERIM APPOINTMENT

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

TOTAL ESTIMATED REVENUE	\$ _____
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SECTION F:
STATEMENT OF ESTIMATED EXPENDITURE
FOR THE PERIOD OF THE INTERIM 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. Total Other Estimated Expenditure	\$ _____	
TOTAL ESTIMATED EXPENDITURE	\$ _____	