



# East Ohio Conference Charge Conference Minutes (formerly known as Omnibus)

Church Name: \_\_\_\_\_ GCFA #: \_\_\_\_\_

Date of Conference: \_\_\_\_\_ Location of Conference: \_\_\_\_\_

District: \_\_\_\_\_ Local Church #: \_\_\_\_\_

1. Call to Order/Devotions
2. Election of Recording Secretary (§247.4):
3. Have you submitted the following reports:
  - a. Pastor Report: *(Explain how the church is fulfilling its mission to make disciples of Jesus Christ for the transformation of the world. Review the current year and how you plan to meet your congregational goals for the upcoming years. What specific goals relate to your mission field.)*
  - b. Lay Leader Report: *(Explain how the church is fulfilling its mission to make disciples of Jesus Christ for the transformation of the world. Review the current year and how you plan to meet your congregational goals for the upcoming years. What specific goals relate to your mission field.) \*\*if applicable\*\**
  - c. Candidacy/Ministry Recommendation Report
  - d. Church Leadership Report
  - e. Church Membership Report
  - f. Church Parsonage Inspection Report *\*\*if applicable\*\**
  - g. Church Safe Sanctuary Policy Report
  - h. Church Volunteer in Mission Team Report (§247.12) *\*\*if applicable\*\**
4. Clergy Matters: The East Ohio Conference Board of Ministry requires all active clergy to participate in a sexual ethics training once every four years. Did your clergy participate in the 2023 Boundaries Training sponsored by the East Ohio Board of Ministry? \_\_\_\_\_ If not, date, of the last training event attended: \_\_\_\_\_
5. Provide the date the Staff/Pastor Parish Relations Committee consulted with the clergy and staff regarding continuing education &/or Renewal Leave to serve professional and spiritual growth (§258.2.g.8):
  - a. What does the church provide in terms of funds and time to encourage participation: \_\_\_\_\_
6. List Ordained clergy related to, by not appointed to the church (§246.2):

7. Clergy Compensation (taken from Clergy Compensation Report, report your church only if in multi-charge)

- |   |   |
|---|---|
|   | <u>Associate/Co-Pastor Compensation</u>       |
| a. Name:                                      | a. Name:                                      |
| b. Total <b>CASH</b> Salary:                  | b. Total <b>CASH</b> Salary:                  |
| c. Housing Allowance <i>(if applicable)</i> : | c. Housing Allowance <i>(if applicable)</i> : |
| d. Total <b>PLAN</b> Compensation:            | d. Total <b>PLAN</b> Compensation:            |
| e. Housing Exclusion <i>(if applicable)</i> : | e. Housing Exclusion <i>(if applicable)</i> : |

f. All clergy must be covered by Workers Compensation. (See 2022 East Ohio Conference Journal, page 3-18 & 19) Notify Workers Compensation office of any pastoral changes. Are you receiving reduced Workers Compensation rates as a member of the Spooner, Inc. Administered East Ohio Conference group?

**If no, who is your carrier?**

g. Are you enrolled in the Conference Payroll Plan? \_\_\_\_\_ **If not, are you submitting withholdings and filing your Federal/State forms with the appropriate tax authorities?**

**Church/Charge Conference Signatures:**

(All signatures must be included and apply to all pages of this form)

\_\_\_\_\_

*Lead Pastor Printed Name*

*Date:* \_\_\_\_\_

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Ad Board/Council/Leadership Team Chair Printed Name*

*Date:* \_\_\_\_\_

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Recording Secretary Printed Name*

*Date:* \_\_\_\_\_

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*District Superintendent Printed Name*

*Date:* \_\_\_\_\_

\_\_\_\_\_

*Signature*