

**PRESBYTERY OF LONG ISLAND
SALARY SUPPLEMENT FUNDS APPLICATION**

Name of Church _____
 Name of Pastor _____
 Year Request (*circle one*) 1st 2nd 3rd _____
 Number of members _____
 Average Sunday attendance _____

Assets - at the time of this application

 Checking Accounts _____
 Saving Account _____
 Investments/Endowment _____ *at the current market value*
 Real Estate _____ *other than church & manse*
 Other (*list type*) _____
 Total _____

Income - anticipated for the year in which the salary supplement is applied for

 Envelopes, checks, cash _____
 Special events _____
 Facilities use _____
 Investments/Endowment _____
 Other (*list type*) _____
 Total _____

Requested Amount

Ordinarily, the Salary Supplement grant should not exceed 20% of the minimum cash salary, plus manse or housing allowance, and tax-deferred investments set by the Presbytery in the first year. 15% in the second year and 10% in the third year. (from the Policy On Salary Supplement)

 Pastor hours Part-time ¾ time full-time *circle one*

 minimum cash salary _____ *PLI Compensation*
 manse or housing allowance _____
 tax-deferred investment _____
 Total _____ *Amount requested*
 percentage _____
 split into 12 months _____

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Please attach the following:

1. A written rationale demonstrating the need for a salary supplement, and a plan for increased ministry and financial stability.
2. A copy of the proposed terms of call for the pastor for the year in which a salary supplement is needed
3. A copy of the budget that the Session has approved for the year in which the salary supplement is needed.

The undersigned elders have been designated by the Session to apply for a salary supplement.

Name	Signature	Date

Name	Signature	Date

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Approval Date	
Amount	
Start Date	Ending Date