THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
THE STEWARD BOARD REPORT

DATE:_____ CHURCH:_____

Presiding Elder _____ and members of the _____ Quarterly Conference, it is a privilege to submit this report for the quarter beginning _____ and ending _____.

MEMBERSHIP ACCOUNTABILITY

Number of Members: _____
Number of Members Serving Assignments: _____
Number of Meetings Held: _____
Number of Members Attending: _____
Members taking the Christian Index: _____
Members taking the Missionary Messenger: _____
Members Owning a Discipline: _____
Number of Needy Persons Reported to the Pastor: _____
Number of Sick/Shut-Ins Reported to Pastor: _____
Number of Visitations: _____
Number of Stewards making Visits: _____
Total Number of Visitations: _____
Number of members attending the Annual CME Convocation: _____
Members registered to vote: _____
Members involved in social or civic activities: _____

ACTIVITIES

Training Workshops Conducted and Nature of Workshop: _____

Number of Members Attending: _____

Special Activities Planned/Completed: _____

Has a copy of the CME Church Sexual Harassment Policy been presented to all church employees: _____

What are the agreed upon goals that have been set by the Steward Board for this conference year:_____

_____

_____

STEWARDSHIP

Amount Received from Members: _____

Amount Received from Activities: _____

Total Amount Received:_____

SPIRITUAL GROWTH

Members Attending Morning Worship: _____
Members Attending Sunday school: _____
Members Attending Midweek Services: _____
Members Paying Tithes in local Church: _____
Members visiting the sick and shut-in and inactive: _____
Do the Stewards meet regularly for prayer: _____

STEWARDSHIP REPORTING

Are the financial records of the church in good order: _____
Are the bills paid to date: _____
Is there a church budget: _____

Has the Steward Board developed a plan for payment of the following assessments?
Local Assessments: _____
District Assessments: _____
Annual Conference: _____

SETTING OF THE PASTORS SALARY - *FIRST QUARTER OR UNTIL COMPLETED*

Has the pastors Salary and Expenses been set: _____
Amount Estimated for Salary: _____
Amount Estimated for Pension: _____
Amount Estimated for Housing: _____
Amount Estimated for Travel: _____
Amount Estimated for Insurance: _____
Amount Estimated for Continuing Education: _____

FINANCIAL OTHER MATTERS: SALARIES/TAXES FOR EMPLOYEES

Amount paid if any for Social Security: _____
Amount paid for payroll taxes for non-clergy _____

Submitted,

Chairperson _____

Pastor _____

Presiding Elder _____

Presiding Bishop _____