



Office of Congregational Transformation NCD Coaching Covenant Addendum

Congregation/District _____ **Date** _____

Address _____

Phone _____ **E-Mail address** _____

Church NCD Contact/phone: _____

Church Financial Contact/phone: _____

Coach(s) _____

Address _____

Phone _____ **E-Mail address** _____

Additional Hours

_____ We would like to add _____ hour(s) to our existing NCD Coaching Covenant. At \$50 per contact hour, this represents an additional fee of \$_____. We understand that any unused portion of our fee will be returned to the church upon request at the end of the cycle.

Additional Surveys

_____ We would like to take an additional NCD survey. Each set cost \$150 to administer and score. _____ set(s) of surveys at \$150 represents an additional fee of \$_____.

Payment Agreement (Select One) **TOTAL \$** _____

_____ We plan to pay in one payment.

_____ We will make monthly payments of \$_____ over the course of _____ months.

The church will receive a monthly invoice, due upon receipt.

_____ Other payment arrangements, as negotiated between church & coach. Please describe:

Signed by:

Pastor _____ **Date** _____

Church NCD Contact _____ **Date** _____

Coach _____ **Date** _____

(Coaches: please mail completed addendum to: United Methodist Conference Center, Attention: Margaret Carter, P.O. Box 3767, Lakeland, FL 33802-3767, retaining a copy for your own records.)