Thank you for your interest in partnering with the Regional Food Bank of Oklahoma! Enclosed is an application packet that will provide the Regional Food Bank with information about your organization and all the ways you fight hunger in your community. We encourage you to read through the application packet carefully to determine if your organization meets the requirements of becoming a partner agency. Please complete all pages and include all the documents required to submit your application. Your application will not be considered complete unless all the required documents are submitted.

The Regional Food Bank receives many requests for partnership each month and we cannot guarantee that every applicant will be accepted as a partner agency. The application approval process can take 6-8 weeks beginning from the time the Regional Food Bank receives your application. Please know that submission of this application does not guarantee partnership.

If your application is approved, an on-site review will be conducted by Regional Food Bank staff. Upon completion of the on-site review, a recommendation will be submitted to the Senior Director of Community Impact for final partnership approval. If partnership is authorized by the Senior Director, Partnership Agreements will be sent to your agency to begin the onboarding process, which will include a New Agency Orientation at the Regional Food Bank.

The approval process includes several factors including, but not limited to: service model, underserved geographical areas, special populations assisted, multiple partner agencies in same community, financial and operational sustainability and community collaboration.

**Who We Are and What We Do**
The Regional Food Bank of Oklahoma, a member of the Feeding America network of food banks, is one of two food banks in Oklahoma. We work to address not only the immediate needs of hungry Oklahomans, but also the underlying causes of hunger. We envision a hunger-free Oklahoma, where everyone has access to food, regardless of circumstance.

Oklahoma is one of the hungriest states in the nation. One in about every six Oklahomans struggles with food insecurity. That is about 635,700 people—213,720 of which are children. With over 1,300 partners, ending hunger is a shared responsibility and collectively, we provide enough food to feed more than 86,000 Oklahomans every week. The majority of people served are chronically hungry children, seniors living on fixed incomes, and hardworking families who cannot make ends meet. Join us in "Fighting Hunger... Feeding Hope."

**Why Partner with the Regional Food Bank of Oklahoma?**
1. NO membership fee – there is no fee to become a partner agency
2. Choose the items YOU WANT – choose from hundreds of items on our shopping list
3. Reliable quality & variety
4. Produce, bread & community food drive items at no cost, when available
5. Low handling fees
6. Delivery to local area locations throughout our 53 county service area (NO delivery fees)
7. Food safety standards and resources – decreasing liability and protecting clients
8. Network with hunger relief peers at Partner Agency Conference and Regional Hunger Fighter Conferences
Our Service Area
We provide food to 53 counties in central and western Oklahoma, covering 48,000 square miles. In 2018, the Regional Food Bank distributed over 37 million meals through a network of 1,300 partner agencies, charitable feeding programs, and schools. Organizations like yours are the front line between health and happiness versus hunger and despair. Your organization can depend on us to help obtain food and provide the support needed to strengthen your mission and expand capacity.

Partnership Eligibility
- Must be an IRS recognized 501 (c)3 non-profit organization or have an official partnership with a faith-based organization
- Must make all necessary arrangements for transporting food and other products to the premises of the organization from the delivery drop-site set by Regional Food Bank (drop site could be up to a maximum of a 45 minutes away one way)
- Must not charge for food, be reimbursed, compensated, or require services in exchange for food
- Must have adequate storage for food. Food storage and food preparation must be at a commercial location
- Must be located and provide service within Regional Food Bank’s 53 county service area
- Must ensure that clients are treated with respect and dignity
- Must not require or imply that clients undergo any type of activity to receive food assistance (ex: register for employment, religious practice, or counseling)
- Must have ability and willingness to access and submit reports and orders via the internet
- Must place an order with the Regional Food Bank at least once every 6 months

Non-discrimination Policy
Partner Agencies may not deny anyone access to food products based on race, color, citizenship, religion, sex, national origin, ancestry, marital status, family or parental status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran, or political viewpoints and other ideologies.

Many of our partner agencies are located in and/or sponsored by faith-based organizations. Please recognize and ensure religious activities DO NOT:
- Discriminate against clients based on faith or religious belief
- Require or request clients to attend a meeting or services (religious or not) or request participation in any religious activity (i.e., prayer, religious instruction)
- Ask questions pertaining to religious affiliation or beliefs on the client intake form
The Regional Food Bank’s Hunger Relief Programs

- **Food for Communities:** The Regional Food Bank is working to end hunger throughout 53 central and western Oklahoma counties.
  - *Food Pantries*—Organizations that distribute groceries to those in need in a specified area.
  - *Residential Programs*—Organizations that house program participants and serve meals or have onsite kitchens for clients to make their own meals such as shelters, substance recovery or mental health facilities, or children’s homes
  - *Community Meals*—Organizations that prepare and serve food on-site or deliver meals to those that are homebound such as soup kitchens, mobile meal sites or senior centers

- **Food for Seniors:** After a lifetime of work, many seniors live on fixed incomes that cause them to choose between paying for healthcare, housing, and groceries. Food insecure seniors are at a higher risk for chronic health conditions, which is why the Regional Food bank is committed to meeting their needs.
  - *Senior Mobile Pantries* – Provide shelf-stable food and fresh produce at Oklahoma Housing Authority sites
  - *Commodity Supplemental Food Program (CSFP)* – Works to improve the health of low-income seniors, age 60 or older, by supplementing their diets with nutritious USDA commodity foods

- **Food for Kids Programs:** Food is essential for healthy child development and learning. Last year, nearly 42,000 chronically hungry children were served almost 3 million meals through Food for Kids programs:
  - *Backpack Program* – elementary school children receive a backpack full of nutrition food every weekend and over school holidays.
  - *School Pantry Program* – middle and high school students have access to an on-site pantry to ensure they have enough food to grow and learn
  - *Summer Feeding* – children are at a higher risk for hunger during the summer
  - *Kids Cafe* – supplies nutritious meals to afterschool programs that provide mentoring and tutoring

- **Food for Health:** Limited access to healthy food is associated with chronic disease, malnutrition, and obesity. Distributing healthy food is a top priority of the Regional Food Bank. Nearly a quarter of all food distributed last year was fresh fruits and vegetables. Health-promotion efforts include:
  - *Fresh Food Mobile Markets* – Provide fruits and vegetables to clients in areas with limited access to produce
  - *Healthcare Partnerships* – Food is provided to patients living with chronic diseases such as diabetes and hypertension
Regional Food Bank of Oklahoma
Partnership Application

Agency Contact Information

Name of Agency: _______________________________________________________

Mailing Address: ______________________________________________________

City: ____________________ County: ____________________ Zip: ______________

Physical Address: ______________________________________________________

City: ____________________ County: ____________________ Zip: ______________

On Site Phone Number: ________________________________________________

Agency Facebook Page / Website: _______________________________________

Please indicate how your food program is governed (This is the party or parties that have oversight of the organization’s legal and fiduciary responsibilities; along with mission endeavors.) :

☐ Board of Directors

☐ Church Committee

☐ Church Board/Deacons/ Trustees

☐ A chosen/elected Director

☐ Informal, committed task group/team

☐ No governance specified

☐ Other, please specify: ________________________________________________

Agency Director or Senior Faith Leader:

Name: __________________________________________________________________

Email Address: __________________________________________________________

Office Phone Number: ______________________ Cell Phone Number: ______________
Primary Point of Contact (This is the person that Regional Food Bank contacts for updates, invitations, notifica-
tions, monitoring, deliveries, reschedules, etc.):

Name: ____________________________________________________________

Email Address: ____________________________________________________

Office Phone Number: ____________________________ Cell Phone Number: ______________________

Role with Agency / Organization: _______________________________________

Secondary Point of Contact (this is the back-up person if we cannot reach the primary contact):

Name: ____________________________________________________________

Email Address: ____________________________________________________

Office Phone Number: ____________________________ Cell Phone Number: ______________________

Role with Agency / Organization: _______________________________________

**Organizational Information**

Regional Food Bank only partners with tax-exempt organizations as described in the section 501(c)(3) of the Internal Revenue Service tax code. Faith-Based organizations fall under this category and must additionally complete the faith-based organization qualifier form included in this application. A copy of the 501(c)(3) Determination Letter must be provided. If you operate under an umbrella organization, please provide their 501(c)(3).

Please select one:

- [ ] Non-Profit Agency as defined by section 501 (c)(3) of the IRS tax code for tax-exempt organizations. Attach a copy of the determination letter, on IRS letterhead, which states somewhere in the body of the text that the agency is "...exempt under section 501 (c)(3) of the federal tax code."

- [ ] Faith-based organization which meets the IRS definitional requirements of a religious institution. Complete and return the Faith-Based Organization Qualifier form included in this application. This form must be signed by the religious leader of the organization.

Check the type of food program your agency operates (see page 2 of the application). Please select all that apply.

- [ ] Food Pantry
- [ ] Residential Program
- [ ] Community Meals
- [ ] Other

If Other, please describe: ____________________________________________
How long has your organization existed? ____________________________________________

In just a few words, please describe the mission of your organization? ____________________________

What are your goals in requesting partnership? _____________________________________________

What geographic areas do you serve (counties, cities, zip codes, school districts, etc.)? ________________

How do clients qualify for services? ___________________________________________________________

Is there a charge for individuals or families to participate in the food program?   □ Yes □ No

If Yes, please explain: ______________________________________________________________________

Describe any other poverty alleviating services or programs your organization provides onsite or refers for clients (for example: workforce development, housing, transportation, family support service, health/ nutrition programs etc.): ________________________________________________________________

________________________________________________________________________________________

How many paid staff and volunteers do you have on-site when serving clients?

Paid Staff: _________  Volunteers: _________

Do you have staff/volunteers and resources (trucks, vehicles, trailers) to travel to pick up a food delivery from a drop site location? Drop site could be a maximum of 45 minutes away one way.

□ Yes □ No □ Maybe, we would need to check with our volunteers

Do any staff or volunteers have a food handler’s license? □ Yes □ No

If yes, who provided the certification? ______________________________________________________
Please check the number and size of cooler equipment your agency has:

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Please check the number and size of freezer equipment your agency has:

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Please describe your dry storage (shelves, etc.): _____________________________

__________________________

Do you work with a licensed pest control company to eliminate unwanted pests?  □ Yes □ No

If Yes, how often do they service your facility? _____________________________

If No, please describe your organization’s pest control process: _____________________________

__________________________
Food Pantry

Does your agency have a food pantry? □ Yes □ If no, proceed to next section.

Which method of distribution best describes your food pantry?

□ Client Choice: Grocery store style where clients self-selects, removes and packs items, either by themselves or with volunteer assistance

□ Partial Client Choice: Client selects food from shelves and volunteer packs for clients

□ Inventory List: Client completes an inventory list and volunteers pack in boxes/bags

□ Pre-packed boxes/bags

□ Other (please describe): ____________________________

Do you make food deliveries to homebound clients? □ Yes □ No

If Yes, how do clients qualify to receive these deliveries (ex: it’s on an as-needed basis, due to a medical crises, or it’s part of our regular service): ____________________________

Please indicate the days/hours your agency is open to serve clients by writing in hours open in the corresponding day of week each month.

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Where do you post your open days/hours (ex: front door, social media, etc.)? ____________________________

How do you promote your food program to the community? _____________________________________________

_________________________________________
How often can clients return to receive food?

- [] Daily
- [] 1x/Week
- [] 2x/Month
- [] 1x/Month
- [] Other (Describe):

What verification documents do clients need to provide in order to receive assistance?

- [] None
- [] Photo ID
- [] Proof of Address
- [] Other (Describe):

Please describe where intake takes place (one-on-one, welcome/waiting room, by referral/voucher, etc.).

Do you request proof of income from clients?  
- [] No
- [] If Yes, for what reason?

Do you request social security numbers from clients?  
- [] No
- [] If Yes, for what reason?

What is the current number of staff and/or volunteers who help or could help with client intake?

- Number of **staff** assisting with intake: __________
- Number of **volunteers** assisting with intake: __________

How does your agency currently log information about clients? Please select all that apply.

- [] Paper and Pencil
- [] Microsoft Excel
- [] Microsoft Access
- [] Google Docs
- [] Electronic Software—Name of Software ________________________________
- [] Other ________________________________
- [] We currently do not have a system to log information
Food Pantry (Continued)

Do you keep a record of clients served?  □ Yes  □ No

If Yes, how long are those records kept in years?  ___________________________________________

What type of technology and how many devices does your agency currently have available that could be used for client intake? Please select all that apply.

□ Tablets: _______  □ Laptops: _______

□ Desktop Computers: _______  □ Smartphones: _______

□ Other: ___________________________________________

Where does your agency have access to the internet?

□ Onsite at agency  □ From public libraries

□ From the home of staff and/or volunteers  □ From work place of staff and/or volunteers

□ Other, please specify ___________________________________________

If you have internet access at your agency, what kind? Select all that apply.

□ Wired internet, plugged into wall  □ Aircard or Hotspot

□ Wifi  □ We do not have internet onsite

□ Unsure  □ If no onsite internet access, what are the existing barriers? (examples: cost, connection capabilities, wifi doesn’t extend, etc.)

________________________________________________________________________

What is the average number of clients served monthly?:

□ Households: ____________

□ Individuals (kids, adults, seniors): ________________
Residential Program

Does your agency have a residential program?  ☐ Yes  ☐ If No, proceed to the next section

Which type of residential program best describes your agency? Please check all that apply.

☐ Substance Recovery Facility  ☐ Mental Health Facility
☐ Children’s Home  ☐ Shelter
☐ Group Home  ☐ Women’s Shelter
☐ Other (please describe): ___________________________________________________________

Please describe the residential program’s housing services.

☐ Transitional  ☐ Emergency  ☐ Long Term  ☐ Supportive Housing
☐ Other (please specify): ___________________________________________________________

How many beds does the residential program have? ________________________________

How long are clients able to stay with the residential program? _________________________

Please indicate which meals are served:

☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ Snacks

Please indicate the days that meals are served:

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</table>

Which describes how residents are receiving food/meals?

☐ 24-hour kitchen clients can make their own meals  ☐ Set meal times clients can attend
☐ Other, please specify ___________________________________________________________
Community Meals

Does your agency have a community meals program? ☐ Yes ☐ If No, proceed to the next section

What type of community meals program describes your agency? Please check all that apply.

☐ Soup Kitchen ☐ Senior Center
☐ Mobile Meals ☐ Other (please describe): __________________________

How do clients qualify for the meal? ______________________________________

Is there a charge for the meal? ☐ Yes ☐ No

If Yes, how much? ______________________________________________________

Please indicate which meals are served:

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snacks

Please indicate the days that meals are served:

<table>
<thead>
<tr>
<th></th>
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</tbody>
</table>

What is the average number of clients served at each meal? ________________________________

Do you keep a record of clients served? ☐ Yes ☐ No
Community Meals (Continued)

Do you make food deliveries to homebound clients?  □ Yes  □ No

If Yes, how do clients qualify to receive these deliveries (ex: it’s on an as-needed basis, due to a medical crises, or it’s part of our regular service)? ________________________________

______________________________

Where do you post your open days/hours (ex: front door, social media, etc.)? ________________________________

______________________________
SNAP Readiness

What if you had the chance to offer clients who come into your agency even more help with food— by helping them complete applications for SNAP assistance using the internet? Would your organization be interested in the opportunity to help the people you serve get all the benefits they are eligible to receive? Could your agency help?

What capacity do you have to assist with SNAP applications? Please check all that apply.

☐ We already offer SNAP application assistance onsite
☐ We could add onsite SNAP application assistance
☐ We would be willing to promote and host a SNAP outreach event for a SNAP Specialist to conduct SNAP application assistance
☐ We would be interested in referring clients to Regional Food Bank’s SNAP application assistance services though an online referral form
☐ We would be interested in encouraging clients to call the Department of Human Services (DHS)
☐ We can distribute and/or display information about SNAP
☐ Unable to add this kind of activity to what we do

What would your organization need to increase your capacity to assist clients with submitting SNAP applications?

☐ More staff or volunteers
☐ A computer
☐ Internet access
☐ Semi-private intake space
☐ SNAP training
☐ Other, please describe

______________________________________________

______________________________________________

______________________________________________

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Identifying Unmet Community Needs

It is important that the Regional Food Bank of Oklahoma’s Partner Agency Network work together to ensure that the needs of the food insecure individuals are being fully met. We encourage our strong Partner Network to collaborate with each other in serving in their community collectively.

How would you describe what poverty looks like in your community? ____________________________________________________________

________________________________________________________________________

List all food assistance programs that you are aware of serving in your area, please include their services and days/hours of operation: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What unique services does your organization provide that other organizations in your community do not:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does your organization collaborate, or work with, other social services or community programs to meet the need of clients? ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

What barriers, if any, prevent individuals in your community from accessing your program’s services? And, how is your program working to address these barriers? ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
# Budget Template

## Income sources:

<table>
<thead>
<tr>
<th>Income sources</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants:</td>
<td>$</td>
</tr>
<tr>
<td>Foundations:</td>
<td>$</td>
</tr>
<tr>
<td>Corporations or Businesses:</td>
<td>$</td>
</tr>
<tr>
<td>United Way or other State/Federal Campaigns:</td>
<td>$</td>
</tr>
<tr>
<td>Individual Contributions:</td>
<td>$</td>
</tr>
<tr>
<td>Fundraising Events and Product Sales:</td>
<td>$</td>
</tr>
<tr>
<td>In-kind Support:</td>
<td>$</td>
</tr>
<tr>
<td>Thrift Store Proceeds:</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>$</td>
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</tbody>
</table>

Total Income: ________________

## Expenses:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Expenses (for program only):</td>
<td>$</td>
</tr>
<tr>
<td>Equipment:</td>
<td>$</td>
</tr>
<tr>
<td>Supplies:</td>
<td>$</td>
</tr>
<tr>
<td>Personnel:</td>
<td>$</td>
</tr>
<tr>
<td>Rent/Mortgage:</td>
<td>$</td>
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<tr>
<td>Utilities:</td>
<td>$</td>
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<tr>
<td>Other (specify):</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Expenses: ________________

Difference (Income less Expense) ________________
Submission Checklist

These documents are required as a part of your application. Your application will not be considered until we have all documents listed below:

1. ☐ Completed Regional Food Bank Partnership Application
2. ☐ A copy of your organization’s IRS 501 (c)(3) letter
3. ☐ A completed church qualifier and supporting documents (for faith-based agencies only, included at the end of the application)
4. ☐ Complete Budget Template
5. ☐ Photographs of the exterior and interior of your organization, including food storage areas (digital copies preferred)
6. ☐ A copy of your organization’s intake form(s)
7. ☐ Examples of any brochures or handouts with information regarding your organization
8. ☐ Email completed partnership application to partnersupport@rfbo.org

I certify that this information is true and complete

______________________________  ______________________________
Printed Name of Agency Director/Senior Faith Leader  Title

______________________________  _____________________________
Signature of Agency Director/Senior Faith Leader  Date

For Regional Food Bank Internal Use Only

______________________________  _____________________________
Signature of Senior Director of Community Impact  Date
Regional Food Bank of Oklahoma
Faith-Based Organization Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a faith based organization. The Regional Food Bank of Oklahoma requires evidence of at least nine of those characteristics. You must provide your 501(c)(3) letter from the IRS. Please check all that apply below and provide documentation confirming each. Examples include: church bylaws, bulletins, copies of literature etc.;

1. ☐ A distinct legal existence
2. ☐ A recognized creed and form of worship
3. ☐ A definite and distinct ecclesiastical government
4. ☐ A formal code of doctrine and discipline
5. ☐ A membership not associated with any other faith based organization
6. ☐ A distinct religious history
7. ☐ A complete organization of ordained ministers/religious leaders ministering to their congregations
8. ☐ Ordained ministers/religious leaders elected after completing prescribed courses of study
9. ☐ A literature of its own
10. ☐ Established places of worship
11. ☐ Regular congregations
12. ☐ Regular religious services
13. ☐ Schools for religious instruction of the young
14. ☐ Schools for the preparation of its ministers

As the minister/religious leader of ________________________________ (organization name), I certify that this organization meets the minimum requirements indicated for identification as a faith based organization.

__________________________________________________________  __________________________
Signature of Pastor / Religious Leader                                                                   Date

__________________________________________________________  __________________________
Printed Name of Pastor / Religious Leader                                                                    Street Address

__________________________________________________________  __________________________
City / State / Zip