

RELIGIOUS CONGREGATION EXEMPT STATUS VERIFICATION FORM

Instructions: Faith based organizations who apply for partnership with Food Bank of Central New York, but do not have a 501 (c) (3) tax-exempt designation must complete this form entirely.

Congregation Name:		
Congregation Mailing Address:		
City	State	ZIP
Congregational Leader		
Phone:	Email:	
Website:		
NYS Tax Exempt Certificate Number		
501 (C) (3) Determination Status:	Granted	Applied N/A

LEADERSHIP INFORMATION*

Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

ORGANIZATION

Congregation Founding Date:	Number in Membership:	
Do you have regular religious services?	Yes	No
Does your congregation have a definite and distinct ecclesiastical government?	Yes	No
Do you have an established place of worship?	Yes	No
Do you have a recognized creed and form of worship?	Yes	No
Does your congregation meet regularly?	Yes	No
Does your congregation have a formal code of doctrine and discipline?	Yes	No
Does your congregation have published literature?	Yes	No
Does your congregation have published literature of its own?	Yes	No
Do you have religious instruction for the youth?	Yes	No
Does your congregation have a distinct religious history?	Yes	No
Does your congregation have a membership not associated with any other congregation?	Yes	No
Are ordained ministers elected after completing prescribed courses of study?	Yes	No



EDUCATION / ORDINATION of RELIGIOUS (CONGREGATION) LEADER

Name of Minister / Rabbi / Priest / IMAM / Cleric

Is the Minister / Rabbi / Priest / IMAM / Cleric ordained?

Date:

If Ordained, by Whom?

Please Describe Your Congregation's Governance

CONGREGATIONAL LEADERSHIP SIGNATURES

By signing below, we affirm that all food programs sponsored by this religious congregation that are utilizing Food Bank of Central New York food or resources are open to the public and are never restricted to only members of our congregation or faith. We affirm that no religious participation will be required of clients in exchange for food or other assistance. We also certify that our organization has not been denied exemption nor had it's 501 (c) (3) designation revoked.

Name:

Role:

Date:

Signature:

Name:

Role:

Date:

Signature:

Name:

Role:

Date:

Signature:

Name:

Role: Congregation Leader

Date:

Signature: