



Agency No.	
Date Issued	
New Application:	
Revised Application	

## AGENCY APPLICATION

AGENCY INFORMATION	
Agency Name – 501(c)(3):	
Program Name (if different ):	
Billing Address:	
Physical Address:	
Phone:	
Website:	
CONTACT INFORMATION	
Contact Person:	
Title/ Role with Agency :	
Phone:	
Email :	
Agency Director:	
Email :	
Is your organization incorporated? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>[Y]</span> <span>[N]</span> </div>	
Is your organization part of a larger organization? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>[Y]</span> <span>[N]</span> </div>	
*If yes , please provide name and address below	
Parent Organization:	
Mailing Address:	
Director :	
Phone:	
Is your parent organization legally responsible for the operations & liabilities of your program?	

Does your organization or the parent organization have tax- exempt status under Section 501c(3) from the Federal Internal Revenue Service ?	[Y]	[N]
*If so, please attach a copy of IRS determination letter		
Federal Tax Exempt Number (EIN) :		
<i>If your organization does not have tax exempt status information under Section 501c(3) , please fill out the qualifier form (available upon request) and attach information to your organization's letterhead.</i>		

Please List the individuals authorized to select, order, and pick up products for organization		
*Each person authorized must attend an orientation before placing orders and picking up items from America's Second Harvest.		
Name :	Phone:	
Name :	Phone:	
Name :	Phone:	
<b>Person responsible for monthly bill:</b>		
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>PROGRAM INFORMATION</b>		
What county does your agency serve ?		
What are your days of distribution:		
What are your hours of distribution:		
Do you have any requirements for individuals who use your services (i.e. must live in X county or zip code or be of a certain age)?		
<b>(Please enclose copies of intake forms or applications your agency will use)</b>		
Do you have special food needs in your program? *If yes, please describe these needs		
Type of agency ( pantry or meal provider):		
Do you distribute packages for emergency needs?	[Y]	[N]
Is on-call food service available for emergency needs?	[Y]	[N]
May we refer people in need to you?	[Y]	[N]
Please describe how you will determine that the majority of your clients live on low income:		
<b>Based on the needs you have identified in your area and your agency's capacity, please estimate the following :</b>		
Number of families served monthly :		
Number of adults served monthly :		
Number of children served monthly:		
What other services does your organization provide?		

<b>FOOD STORAGE</b>		
Do you have adequate storage areas to accommodate food?	[Y]	[N]
Number of Refrigerators :		
Number of Freezers:		
Dry Storage area:	[Y]	[N]

**Please attach letter of interest and a copy of your organizations IRS 501c3 determination letter to this application.**

Revised August 2015

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Savannah, GA 31404  
Phone 912.236.6750  
Fax: 912.238.1391

**CONGREGATION OR CHURCH QUALIFIER:**

Alternative Application Guidelines for Churches or Places of Worship *without* IRS 501(c) 3 status

An incorporated or unincorporated church or place of worship, that is in fact a church or place of worship, and has not applied for and been denied, or has not had a 501(c) 3 status revoked by the IRS, may submit for approval statements and proof that the following 14 criteria, established by the Internal Revenue Service are met by the church or place of worship.

In accordance with this provision, America's Second Harvest of Coastal Georgia has established a policy that requires an organization to **certify that at least eleven (11) of these characteristics are evidenced by their program. Please check all of the items on the list that apply:**

- \_\_\_\_\_ 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 church or denomination.
- \_\_\_\_\_ 6. A distinct religious history.
- \_\_\_\_\_ 7. A complete organization of ordained ministers ministering to their congregation.
- \_\_\_\_\_ 8. An ordained minister elected after completing prescribed courses of study.
- \_\_\_\_\_ 9. Literature of its own church history.
- \_\_\_\_\_ 10. An established place of worship.
- \_\_\_\_\_ 11. Regular religious services.
- \_\_\_\_\_ 12. Regular congregations.
- \_\_\_\_\_ 13. Sunday schools for religious instruction of the young.
- \_\_\_\_\_ 14. Schools for the preparation of its ministries.

**Please provide three (3) separate documents that verify at least three (3) of the above.**

As duly authorized officers of \_\_\_\_\_ (church or place of worship name), we certify that this organization meets the requirements indicated above for identifications as a church or place of worship according as described in section 501(c)3 of the Internal Revenue Code of 1986, specifically section 170(e)3.

PASTOR'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY REPRESENTATIVE: \_\_\_\_\_

Name, Title & Address (Church Officers)

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **Suggestions for supporting documents to verify church or place of worship qualification criteria:**

- 1. A distinct legal existence.**
  - FEIN
  - Articles of Incorporation
- 2. A recognized creed and form of worship.**
  - Statement of faith
  - Bulletin, worship booklet, or extract from book of worship that includes creed(s) and/or order of service
- 3. A definite and distinct ecclesiastical government.**
  - Church or Place of Worship By-laws
  - Organizational chart of church or place of worship council, staff & leadership
  - Organizational chart of church or place of worship's relationship to synod, district, convention, diocese or other governing entity
- 4. A formal code of doctrine and discipline.**
- 5. A membership not associated with any other church or denomination.**
- 6. A distinct religious history.**
- 7. A complete organization of ordained ministers ministering to their congregation.**
  - Roster of Seminary schools
  -
- 8. An ordained minister elected after completing prescribed courses of study.**
  - Pastor's certificate of ordination from seminary or other appropriate degree(s) (i.e. Doctorate of Divinity/Theology)
- 9. Literature of its own church history.**
  - Narrative of church or place of worship's history
- 10. An established place of worship.**
  - Bulletin stating time and place of worship service(s)
- 11. Regular religious services.**
  - Bulletin/calendar stating time and place of worship service(s)
- 12. Regular congregations.**
- 13. Schools for religious instruction of the young.**
  - Bulletin/calendar stating time and place of Sunday school or youth study programs
- 14. Schools for the preparation of its ministries.**
  - Certificate of ordination or degree from seminary
  - Roster of Seminary Schools