

# USE OF FACILITIES QUESTIONNAIRE

This questionnaire must be completed and submitted to \_\_\_\_\_ for their review and approval before any individual or organization, which is not affiliated with our ministry, will be allowed use of ministry facilities.

## I. GENERAL INFORMATION

A. Name of Requesting Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position in Organization: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): ( \_\_\_\_\_ ) \_\_\_\_\_

B. Ministry Purpose of Organization: \_\_\_\_\_

Primary Activity in which the Organization is engaged: \_\_\_\_\_

C. Is this Organization organized or operated for profit? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Is the Organization a Non-Profit Religious Organization engaged in exempt activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization Brochures, Letter of Recommendation or other source of information disclosing your religious purposes or orientation.

E. Have you made contact with any local non-exempt facilities (i.e. convention center, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s) non-exempt facilities are not appropriate for your proposed activity: \_\_\_\_\_

## II. EVENT INFORMATION

A. What is the purpose and/or nature of the proposed activity your organization intends to sponsor in/on our facilities? Please describe the proposed activity in detail and/or furnish us a copy of the program outline.

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

K. Food Services - Please describe below in detail any proposed food services associated with this event and who you plan to provide these services.

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

**III. CONCLUDING INFORMATION**

This questionnaire will be reviewed and our response will be returned to you by mail. If you have any additional questions, please feel free to call us at ( ) Extension \_\_\_\_\_

Please return this completed form and appropriate attachments to:

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

Attention: \_\_\_\_\_

Please furnish any additional information or explanations which you feel would be helpful in evaluating your request.

\_\_\_\_\_  
Signature of Requesting Organization Representative

\_\_\_\_\_  
Date

**FOR MINISTRY INTERNAL USE ONLY**

Ministry Liaison Person \_\_\_\_\_

Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_

By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments Regarding Decision \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date follow-up letter sent to requesting organization \_\_\_\_\_