**Faith Based Organization Self Report**

Grantee/Organization Name (hereafter referred to as “Entity”):

Address:

Contact Person:

Telephone #: Fax #: E-mail address:

Grant Program Name: VOCA Child Abuse, Financial Exploitation and Impaired Driving

DUNS Number: SAM expiration date:

Every entity requesting funding from the Illinois Criminal Justice Information Authority (Authority) shall make a determination and shall submit a statement of whether it is a faith based organization.

The Authority has been asked to properly track the number of faith-based organizations that are receiving its funding in order to ensure that services being provided are not dependant on religious affiliation, and not contingent upon participation in a religious event or activity. We are requesting your assistance with this data. Please check the appropriate box.

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\_\_\_ Entity considers itself a faith based organization.

\_\_\_ Entity does not consider itself a faith based organization.

## Certification: By checking this BOX I certify that this information is a true and accurate report.

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

(Authorized Representative)