



# NJ Child Care Facilities Improvement Program – Phase 1

## RELIGIOUS AFFILIATION SUPPLEMENTAL QUESTIONS FORM

### Applicant Information

Applicant Organization Name: \_\_\_\_\_

Applicant CAPP Number: \_\_\_\_\_

Point of Contact Full Name: \_\_\_\_\_

Point of Contact Title: \_\_\_\_\_

Point of Contact Phone Number: \_\_\_\_\_

Point of Contact Email Address: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Instructions:

Please answer the following questions truthfully and completely.

1. Is the applicant using the funding to improve a building, any part of which is used as an active place of worship (for example, church, temple, synagogue, mosque)?  Yes  No

If yes, please describe:

2. Are improvements made directly to the building, any part of which is housing an active congregation, and are the improvements such that they are permanently affixed and integrated into the building's structure?  Yes  No

If yes, please describe:

3. Are any of the improvements made to an area in the building used for religious worship (whether the main site of worship or an area used occasionally for worship); that is, is religious worship performed in the area the improvement is being made?  Yes  No

If yes, please describe:

4. Are the improvements made to a common area used by both the religious congregation and the childcare operation? Please provide a brief description of how any common spaces are used by the childcare operation and the active congregation.

### Certification

As an Authorized Signor (Owner, CEO, or similar level officer), I certify that the information submitted in this application is accurate and complete to the best of my knowledge and belief after due inquiry.

I agree to be bound by electronic signature. Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Your signature below shall serve as evidence that the Grantee also agrees to be bound by electronic signatures.

**Authorized Representative Name:**

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**Authorized Representative Title:**

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**Date:**

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**Authorized Representative Signature:**

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