



CHURCH CERTIFICATION PROGRAM REQUEST FORM

I am pleased to inform you that I have presented program(s) at my church, which included community attendance in each of the 5 Initiatives. **These programs must be ongoing and offered more than once a year.** I am requesting certification for

_____ (name of church)

EDUCATION

Name of program: _____ Date presented: _____

Presenter: _____ How often presented: _____

ECONOMIC DEVELOPMENT

Name of program: _____ Date presented: _____

Presenter: _____ How often presented: _____

CRIME REDUCTION

Name of program: _____ Date presented: _____

Presenter: _____ How often presented: _____

FAMILY

Name of program: _____ Date presented: _____

Presenter: _____ How often presented: _____

FINANCIAL LITERACY

Name of program: _____ Date presented: _____

Presenter: _____ How often presented: _____

Pastor: _____ Phone: _____

Shipping and Handling: \$25 enclosed _____ **Yes**

Jurisdictional Bishop: _____ Phone: _____

Jurisdictional Coordinator: _____ Phone: _____

Name _____ Delivery address: _____

COGIC Urban Initiatives Certification Program Administrator

Date request received: _____

Date Certification sent: _____ Shipped to: _____

Administrator: _____

SUBMIT FORMS TO: The Empowered Church Attn: COGIC UI Certification
12220 Fontaine Lane St. Louis, MO 63138
Make checks payable to COGIC Urban Initiatives