

**Faith Connections' Partners In Ministry Agreement**

Agency/Church Name: \_\_\_\_\_

Contact Person/Persons and position: \_\_\_\_\_

\_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Support Amount/Partnership Focus: \_\_\_\_\_

\_\_\_\_\_

Church's vision/ministry to the community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a Partner In Ministry with the Wilson County Department of Social Services' Faith Connections Program, I agree to the use of our church/agency name to be used to identify our church/agency as a "Partner In Ministry". This information may be released in presentations that the Faith Connections' Program Coordinator may make to other area churches/agencies only as an indicator of said partnership. This information will also be included on the Faith Connections' Assistance contract as an indicator of said partnership. (see attachment).

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