

**COVID-19**  
Supplemental Application

Legal Name:

Address:

**PLAN OF ACTION**

Have you implemented a COVID-19 response plan including the use of the CDC's recommended COVID-19 Planning Checklist? Yes No  
Are the clergy and staff tested regularly for COVID-19? Yes No If yes, how many have tested positive? Deaths?  
How frequently are clergy and staff COVID-19 tests conducted?  
How many worshippers have tested positive for COVID-19?  
What protocols are implemented when a staff member or worshipper tests positive or presents symptoms of COVID-19?

**If you are currently providing in-person services or are preparing to do so, what precautions are you taking?**

|  |       |             |         |  |
|--|-------|-------------|---------|--|
| Reviewing CDC guidance for Community and Faith Based Organizations.<br><a href="https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html">https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html</a> | Yes   | No          |         |  |
| Following all CDC, national, state, and local guidelines.  | Yes   | No          |         |  |
| Using EPA-approved disinfectant against COVID-19.  | Yes   | No          |         |  |
| All printed worship materials removed.   | Yes   | No          |         |  |
| Enforcing social distancing.   | Staff | Worshippers | Neither |  |
| Mandating wearing of masks.  | Staff | Worshippers | Neither |  |
| Optional wearing of masks.   | Staff | Worshippers | Neither |  |

Describe any additional precautions being taken at this time:

**WORSHIP & ACTIVITIES**

**Are you providing/hosting any of the following on site or person to person?**

**Worship** – How are you currently providing services for your worshippers?

|                     |                        |                 |                             |
|---------------------|------------------------|-----------------|-----------------------------|
| Full Indoor Service | Limited Indoor Service | Outdoor Service | 100% Online/Virtual Service |
| Other               |                        |                 |                             |

Implementation of screening procedures prior to entering the facility? Yes No

**Food Service** – Is food being served?

Worshippers bringing pot luck meals to share and/or in person prep and sit-down service.  
Pre-packed food with disposable utensils and no ability to sit and congregate.  
Cancelled until further notice/not providing.

**Child Care**

Day care or schools in operation.  
Child care during in-person service or on-site activities.  
Cancelled until further notice/not providing.

**Group meetings** – Large or small being held?

|         |         |           |               |
|---------|---------|-----------|---------------|
| On-site | Virtual | Cancelled | Peoples homes |
|---------|---------|-----------|---------------|

**Community use**

|  |     |    |                |     |    |
|--|-----|----|----------------|-----|----|
| Renting your facility to outside groups?   | Yes | No | Hold Harmless? | Yes | No |
| Other on-site activities? Please describe: |     |    |                |     |    |

Completed by:

Date:

Title: