

CREDENTIALS OF RELIGIOUS SERVICES CONTRACTOR

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

1. PERSONAL PROFILE

| | |
|--|---|
| Name | Address |
| Telephone | Religious Affiliation |
| Civic Affiliations | Professional Affiliations |
| Country of Origin | Citizenship |
| Immigration Number (If Landed Immigrant) | Naturalization Number (If Naturalized Citizen) |
| Foreign Travel (Countries Visited Last Five Years And Time Frames) | Funding from Foreign Governments |
| Have you lived in the United States three of the last five years? ____ Yes ____ No | |

2. VERIFIABLE RELIGIOUS CREDENTIALING AUTHORITY (Religious Certifying Authority, such as Superintendent, President, Religious Superior, Pastor, etc.)

| | |
|---------------------------------------|--|
| Name | Title |
| Address | Telephone |
| Local Congregation (Name and Address) | Length of relationship with religious credentialing authority |

3. EDUCATION

| | |
|--------------------------|-------------|
| College | Degree/Date |
| Seminary/Graduate School | Degree/Date |
| Other Graduate Degree(s) | Degree/Date |

4. As a religious service contractor, I am aware of and agree to comply with Code of Federal Regulations Rule §548.15, which states, "no one may disparage the religious beliefs of an inmate, nor coerce or harass an inmate to change religious affiliation. Attendance at all religious activities is voluntary and unless otherwise specifically determined by the warden, open to all." I do not endorse nor will I practice or use language in the institution that will support violence, terrorism, discriminate against other inmates or exclude other inmates from religious services based on race, color, religion, sex, or national origin.

Signature of Contractor: _____ Date: _____

The Following Section to be Completed by the Religious Services Program Manager

| | | |
|--|-----------------------------|------|
| Ordination/Equivalent: Yes: _____ No: _____ | Faith Group | Date |
| Comments: | | |
| Interview Summary Comments (If Needed) | | |
| Interview Date: _____ | | |
| Program Manager's Signature | | Date |
| Religious Subject Matter Expert (SME) Review (If Needed) | | |
| Comments | | |
| Religious SME Recommends Contractor _____ Religious SME does not Recommend Contractor _____ | | |
| Date Reviewed: | Signature of Religious SME: | |
| Chaplain Review: I have reviewed the personal information presented by the prospective religious vendor. _____ I recommend this vendor for consideration of award of contract. _____ I do not recommend this vendor for consideration of award of contract. | | |
| Chaplain Signature | | Date |

Attach Supporting Documentation
(e.g., copy of Immigration or Naturalization Number)

cc: Contracting Office
Contractor Security File