



**City of Miami Mayor Manny Diaz
Working Group Application Form**

Name of Organization: _____

Leader/Pastor of the congregation: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Fax number: _____

Email Address: _____

Office contact person: _____

Denomination: _____

Size of Congregation: _____

Area of interest: (Youth, Prisoner Re-entry, or Anti-Poverty): _____