**EXHIBIT E**

New Jersey Department of Children and Families

Children’s System of Care (CSOC)

Family Support Services

**Agency Data Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGENCY/CORPORATE DATA** | | | | | | | | | | | | | | | |
| Agency Name: | |  | | | | | | | | | | | | | |
| Mailing Address: | |  | | | | | | | | | | | | | |
| Agency Identification Numbers: | | FEIN: | | |  | | | DUNS: | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| Agency CEO /  Executive Director: | Name: | | | | |  | | | Title: | |  | | | | |
|  | Phone: | | | | |  | | | Fax: | |  | | | | |
|  | Email: | | | | |  | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | |
| Agency Type: | Non Profit | | | | | | For Profit | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | |
| **AGENCY CONTACTS** | | | | | | | | | | | | | | | |
| For Notices  Regarding this RFQ: | Name: | | |  | | | | | Title: | | |  | | | |
| i.e. Program Manager | Phone: | | |  | | | | | Fax: | | |  | | | |
|  | Email: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| For Fiscal Questions: | | Name: | |  | | | | | | Title: | | |  | | |
| i.e. ROE/Audits/Closeouts | | Phone: | |  | | | | | | Fax: | | |  | | |
|  | | Email: | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| For  Billing Questions:  i.e. Claims/Census | Name: | | |  | | | | | | Title: | | |  | |
| Phone: | | |  | | | | | | Fax: | | |  | |
| Email: | | |  | | | | | | | | | | |