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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ATTACHMENT C  NJ Department of Children and Families, Children’s System of Care (CSOC)  **Respite: Family Support Services (FSS)**  **rfq agency data information form** | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **PLEASE TYPE OR PRINT LEGIBLY** Date Submitted**:** | | | | | | | | | | | | | | | | | | | |
| **▶ AGENCY/CORPORATE DATA** | | | | | | | | | | | | | | | | | | | |
| Agency Name: | | | | |  | | | | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | |
| County (corporate location): | | | | |  | | | | Agency Type: | | | | | | Non-Profit  For Profit | | | | |
| Agency ID Numbers: | | | | | | | | | | | | | | | | | | | |
| * FEIN (9-digit): | | | | |  | | | Select One →  Corporation  LLC | | | | | | | | | | | |
| * UEI [SAM] (12-digit): | | | | |  | | | Other: | | | | | | | | | | | |
| * NJSTART (9-digit): | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **▶ PROPOSED PROGRAMS** Check all applicable programs. Enter the total number of sites under each program selected. | | | | | | | | | | | | | | | | | | | |
| AAS | | | AHR | | | | AWR | | | | SHR | | | | | | | OVR | |
| # Sites: | | | # Sites: | | | | # Sites: | | | | # Sites: | | | | | | | # Sites: | |
|  | |  | | | | | |  | |  | | | | | | | | | |
| **▶ AGENCY CONTACTS** | | | | | | | | | | | | | | | | | | | |
| ceo -or-  executive director: | | | | Name: | |  | | | | | | | | Title: | |  | | | |
| Phone: | |  | | | | | | | | Fax: | |  | | | |
| Email: | |  | | | | | | | |  | |  | | | |
| Address: | |  | | | | | | | | | | | | | |
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| program:  Handles all questions pertaining to the contract and funded programs. | | | | Name: | |  | | | | | | | | Title: | |  | | | |
| Phone: | |  | | | | | | | | Fax: | |  | | | |
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| Address: | |  | | | | | | | | | | | | | |
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| fiscal:  Handles all questions pertaining to ROE, audit  and closeout reports. | | | | Name: | |  | | | | | | | | Title: | |  | | | |
| Phone: | |  | | | | | | | | Fax: | |  | | | |
| Email: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
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| census/billing:  Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. | | | | Name: | |  | | | | | | Title: | | | |  | | | |
| Phone: | |  | | | | | | Fax: | | | |  | | | |
| Email: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | | | | | | |
| cyber administrator:  Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. | | | | Name: | |  | | | | | | | Title: | | | |  | |
| Creates, edits, reactivates, deactivates, resets passwords & unlocks  Cyber Accounts | | | | Phone: | |  | | | | | | | Fax: | | | |  | |
| Email: | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |