

PROJECT INFORMATION

AGENCY-SPECIFIC INFORMATION

Official Name of Agency: _____

Executive/Agency Director: _____

Type of Agency: State County Municipality Nonprofit

Address:

City/State: _____ **Zip Code +4:** _____ **County:** _____

County/Counties Served by your Agency:

DUNS Number: _____ **Federal ID Number:** _____ **Fiscal Year Start Date:** _____

Website: _____ **Telephone Number:** _____

For Nonprofits only:

Charitable Registration Number (If nonprofit & not exempt): _____

New Jersey Business Registration Certificate: _____

Have there been any findings filed against the agency in regards to its charitable status?

Yes No If yes, please explain on a separate sheet

Lead Agency Status

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Sexual Assault Agency in your County? Yes No

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Domestic Violence Agency in your County? Yes No

AGENCY-CONTACT INFORMATION

Project Director, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

Telephone:

Ext.

Email:

Fax:

Main Point of Contact, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

Telephone:

Ext.

Email:

Fax:

Fiscal Contact, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

Telephone:

Ext.

Email:

Fax:

Description of your Agency Background, Mission, Experience and Capability (continued):

Description of your Agency Background, Mission, Experience and Capability (continued):

Problem Statement/Needs Assessment:

Project Leadership, Management and Staff:

Any additional information you would like to provide: