

New Jersey Department of State Office of Faith Based Initiative
Development Assessment Questionnaire

| House of Worship (HOW) General Information | |
|---|--|
| HOW Name | |
| Street Address | |
| City | |
| Zip Code | |
| NJ County | |

| Primary Contact Information | |
|------------------------------------|--|
| Name | |
| Email Address | |
| Phone Number | |

| Vision and Project Information | |
|--|--|
| <i>Briefly describe the project scope</i> | |
| <i>What does your organization aim to achieve with this project?</i> | |