



Agency Information

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General Agency Information:

Official Agency Name _____

Also Known As (AKA) _____

Agency Description (1-2 sentences summarizing the agency’s primary nature and activities)

Agency Hours of Operation _____

Agency Legal Information:

Federal Employee Identification Number (EIN-FEIN) _____

Provider Type:

- For – Profit
- Non – Profit
- Government
- Faith – Based
- Other: _____

Funding Source:

- Government
- Donations
- Membership Fees
- Private Organizations
- Service Fees
- United Way
- Other: _____

Agency Contact Information:

Physical Address

Street _____

City _____ State _____ Zip _____

Should physical address show on web site?

- Yes No

Mailing Address

Different from physical address?

Mailing Address Attention To _____

Street _____

City _____ State _____ Zip _____

Return by mail to NJ 2-1-1 Partnership, PO Box 504 Cedar Knolls, NJ 07927, or fax to c/o Database Manager at (973) 913-4278 or by email to database@nj211.org.





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Agency Information

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Contact Phone Numbers

Main _____ Toll Free _____
Alternate _____ Fax _____

Electronic

Website Address _____
Email Address _____

Agency Updating Information:

Staff person responsible for verification and updating of agency information

Name _____ Title _____
Phone _____ Fax _____
Email _____
Preferred Method of Contact _____

Agency Verification Information:

Permission to Use Data (please provide signature) – The enclosed information is accurate and complete. It has been reviewed by our agency and may be used by NJ 2-1-1 for referral, publication, print, electronic, and internet purposes. We have noted any information that is not to be publicized.

Signature _____ Date _____

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