**Questionnaire**

**Company Information**

1. Organization Name: Click or tap here to enter text.
2. Individual completing RFI: Click or tap here to enter text.
3. Telephone #: Click or tap here to enter text.
4. Address: Click or tap here to enter text.
5. Year organization founded: Click or tap here to enter text.
6. Do you have personnel, facilities, or both in the State of NJ? Yes[ ]  No[ ]
7. Would you consider subcontracting for some services? Yes[ ]  No[ ]

**Services Information**

1. Please describe your firm’s product offerings that would be responsive to the legislation? Click or tap here to enter text.
2. If applicable, please describe up to three (3) similar projects you have done in the past. Click or tap here to enter text.
3. Explain the risks you see as being significant to the success of this project. Click or tap here to enter text.