

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>	