

**ORGANIZATION QUESTIONNAIRE
 UPDATE**

Report only the information that has changed.

ORGANIZATION

Organization Name:	Business Address (include city & zip):
Mailing Address (include city & zip):	Business Telephone Number:
FAX Number:	Category (Gov't., CBO, FBO, NGO, Private Sector):

CONTACT PERSON

<input type="checkbox"/> Primary <input type="checkbox"/> 24-Hour <input type="checkbox"/> Secondary 24-Hour	Name:	Title/Position:
E-mail Address:	Office phone (if different from org):	Cell Phone:

AREA OF CHANGE

<input type="checkbox"/> Health & Social Services Volunteers	<input type="checkbox"/> Pet Sheltering
<input type="checkbox"/> Health Supplies & Durable Medical Equipment	<input type="checkbox"/> Volunteers (activity type and Number of volunteers)
<input type="checkbox"/> Bilingual Translation Services	<input type="checkbox"/> Shelter Supplies
<input type="checkbox"/> Food Services	<input type="checkbox"/> Recovery Needs – Immediate
<input type="checkbox"/> Transportation	<input type="checkbox"/> Recovery Needs – Long Term

SPECIFY WHAT CHANGED

Person Reporting Changes

Date Reported