

**ATTACHMENT E**  
**Organization's Staff Members**

Name of Organization \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone No.: \_\_\_\_\_

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*(Note: Position examples are Executive Director, program coordinator, intake specialist, etc.)*