

ATTACHMENT F

Consultant Disclosure

Name of Nonprofit Organization: _____

Consulting Organization: _____

Consultant Name: _____

Date Consultant was approved as a CHDO to participate in HOME: _____

Number of HOME projects the Consultant has completed: _____

Please list all staff members of the Consulting Organization and their specific duties as it pertains to the implementation and training for the above Nonprofit organization:

Staff Member(s)	Specific Duties

List below the CHDO(s) that the Consulting Organization represented in the previous year (if applicable):

Authorized signature of new Nonprofit

Authorized signature of Consultant

Date

Date