

ATTACHMENT D

Organization Staff Roster

Name of Organization: _____

Provide the below information for staff members that will have key roles/responsibilities in the oversight of the CHDO set-aside project.

Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	
Staff Member:	Title:	
E-mail:	Office Phone:	
Classification (PT,FT,etc.)	Cell Phone:	