

ATTACHMENT F

Consultant Disclosure

Name of Nonprofit Organization: _____

Proposed Consulting Organization: _____

Consultant Contact Name: _____

Date Consultant was approved as a nonprofit to participate in Housing Trust Fund: _____

Number of HTF 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 Housing Trust Fund Nonprofit Organizations that the Consulting Organization represented in the previous year (if applicable):

Explain why the above named proposed consulting organization should be allowed to train a new nonprofit for eventual participation in HTF activities. Include the following; How many HTF projects have been successfully completed? How often must initial work write-ups be revised? How many final inspections have been denied?

Contact name of new Nonprofit

Contact name of Consultant

Authorized signature of new Nonprofit contact

Authorized signature of Consultant contact

Date

Date