



**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**, if awarded.

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: _____

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Staff Member: _____ Title: _____

E-mail: _____ Office Phone: _____

Classification: (PT, FT, etc.): _____ Cell phone: _____

(Add additional form if needed)