

## Attachment C - Program Staff

Agency \_\_\_\_\_ Program \_\_\_\_\_

Explain the qualifications and duties for program staff. Be sure to list all vacant positions, and positions that you will create during the grant period. Include information on the Executive Director if applicable.

**Number of Positions Listed Below:** \_\_\_\_\_ **Number of Those Positions that are Vacant:** \_\_\_\_\_  
**Number of Filled Positions that have New Staff in the Last 12 Months** *(do not include internal promotion)*: \_\_\_\_\_

Position Title & Full Time or Part Time	Outline the Job Responsibilities and List Title of Supervisor	Outline the Minimum Qualifications and Credentials Required for this Position	% of Time to Program	Dollar Amount of Annual Salary Charged to this Grant
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
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Position Title & Full Time or Part Time	Outline the Job Responsibilities and List Title of Supervisor	Outline the Minimum Qualifications and Credentials Required for this Position	% of Time to Program	Dollar Amount of Annual Salary Charged to this Grant
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			%	\$
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## Attachment C - Board List

**Agency** \_\_\_\_\_ **Program** \_\_\_\_\_

Board Meeting Time & Day: (example: 3rd Thursday of the month at 5:00 PM) \_\_\_\_\_

Please list Board Meeting dates & times in calendar year 2009: \_\_\_\_\_

How often does the entire Board meet each calendar year? \_\_\_\_\_ Email Address of the Board President: \_\_\_\_\_

Please asterisk the name of any Board member who is a customer of your agency (or has been a customer).

Position	Name	Employer and Job Title	Address	Phone Number	Term Ends (month & year)
<b>President</b>					
<b>Vice President</b>					
<b>Secretary</b>					
<b>Treasurer</b>					

Add more pages if necessary.