

# ATTACHMENT A

## Consultant Disclosure

Name of Applicant Organization: \_\_\_\_\_

Proposed Consulting Organization: \_\_\_\_\_

Consultant Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Staff Member(s)	Specific Duties

List below the Housing Trust Fund Applicant Organizations that the Consulting Organization has or is currently providing consulting services for the previous 5 years (id applicable):


Explain why the above names proposed consulting organization is qualified to train a new Applicant for eventual participation in HTF activities. How many similar projects have been successfully completed by the Consultant within the past 10 years. Include the following: description of project, project address, number of units, funding sources, date of award, date completed and photos. Provide information on an additional sheet as needed.

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\_\_\_\_\_  
Contact Name of Applicant

\_\_\_\_\_  
Contact Name of Consultant

\_\_\_\_\_  
Authorized signature of Applicant

\_\_\_\_\_  
Authorized Signature for Consulting Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date