

# ATTACHMENT F

## Consultant Disclosure

Name of Nonprofit Organization: \_\_\_\_\_

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

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

Date Consultant was approved as a CHDO to participate in HOME: \_\_\_\_\_

Number of HOME 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 CHDO(s) that the Consulting Organization represented in the previous year (if applicable):

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\_\_\_\_\_  
Authorized signature of new Nonprofit

\_\_\_\_\_  
Authorized signature of Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date