

ATTACHMENT E

Organization's Staff Members

Name of Organization _____

"Position" refers to Executive Director, contact person, secretary, etc.

Staff Member: _____	Position: _____
Email Address: _____	Office Telephone No.: _____
Fax Number: _____	Cell Telephone No.: _____

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*If this nonprofit organization becomes an approved HTF Sponsor, this **Attachment E** must be resubmitted **within one week** every time there is a staff change. If there is a staff change that includes a new staff member, a resumé of the new staff member must also be submitted.*