

# 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.: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone No.: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Office Telephone No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone No.: \_\_\_\_\_

*If approved, this Attachment E must be resubmitted every time there is a staff change for this nonprofit organization. If there is a staff change that includes a new staff member, a resumé of the new staff member must also be submitted.*