

# ATTACHMENT F

## Consultant Disclosure

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

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

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

Date Consultant was approved as a nonprofit to participate in Housing Trust Fund: \_\_\_\_\_

Number of HTF 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 Housing Trust Fund Nonprofit Organizations that the Consulting Organization represented in the previous year (if applicable):


Explain why the above named proposed consulting organization should be allowed to train a new nonprofit for eventual participation in HTF activities. Include the following; How many HTF projects have been successfully completed? How often must initial work write-ups be revised? How many final inspections have been denied?

\_\_\_\_\_  
Contact name of new Nonprofit

\_\_\_\_\_  
Contact name of Consultant

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date