Chart A: PROGRAM STAFFING   * Applicant Name:

Instructions for completing this form: Space is provided below for applicants to provide information about key staff, residents you plan to hire, the roles contractors will play,

and the activities and responsibilities of the applicant's contract administrator. All applicants must complete this form. Applicants that are not required to have a contract administrator do not need to complete Section IV of this form.

* Grant to which the applicant is applying: ●RSDM-Family   ○RSDM-Elderly   ○Homeownership Supportive Services   ○Neighborhood Networks   ○PH Family Self Sufficiency

I. APPLICANT STAFF

Name of Staff Person:

	* Percent of Time on Grant (%)	* Cost to Grant ($)

Prefix: * First Name: Middle Name: * Last Name: Suffix:

| | 100.00 | 999,999,999,999.99 |

* Organization: * Position: * Activity in Grant Program:

Prefix: * First Name: Middle Name: * Last Name: Suffix:

| | 100.00 | 999,999,999,999.99 |

* Organization: * Position: * Activity in Grant Program:

Prefix: * First Name: Middle Name: * Last Name: Suffix:

| | 100.00 | 999,999,999,999.99 |

* Organization: * Position: * Activity in Grant Program:

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Organization: * Position: * Activity in Grant Program:

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Organization: * Position: * Activity in Grant Program:

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Organization: * Position: * Activity in Grant Program:

Tracking Number:

form **HUD-52756**

Name of Staff Person: (continued)

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:			

* Organization: * Position: * Activity in Grant Program:

II. RESIDENT STAFF (NOT APPLICABLE TO FSS APPLICANTS)

Name of Staff Person:

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		100.00	999,999,999,999.99

* Organization: * Position: * Activity in Grant Program:

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		100.00	999,999,999,999.99

* Organization: * Position: * Activity in Grant Program:

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		100.00	999,999,999,999.99

* Organization: * Position: * Activity in Grant Program:

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:			

* Organization: * Position: * Activity in Grant Program:

						* Percent of Time on Grant (%)	* Cost to Grant ($)
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:			

* Organization: * Position: * Activity in Grant Program:

Name of Staff Person: (continued)

| | * Percent of Time on Grant (%) | * Cost to Grant ($) |

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		

* Organization:	* Position:	* Activity in Grant Program:

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		

* Organization:	* Position:	* Activity in Grant Program:

III. CONTRACTOR/CONSULTANT ROLE (Not applicable to FSS applicants)

Type of Contractor to be Solicited **	Activity in Grant Program	Estimated Cost to Grant Program ($)
		0.00
		0.00
		0.00

** NOTE: Contractors must be procured according to 24 CFR parts 84.41-84.48 or 24

IV. CONTRACT ADMINISTRATOR

Name of Organization	Areas of Responsibility/Oversight	Estimated Cost to Grant Program ($)
		0.00

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.