STAFF QUALIFICATIONS SUMMARY

**Please complete the following information on each staff member involved in the proposed project. Attach additional forms if necessary.**

|  |  |
| --- | --- |
| Name |  |
| Degree and profession |  |
| Years experience in profession? |  | with agency? |  |
| Lincensure status, if applicable |  |
| Languages spoken |  |
| % of time in proposed project |  |
|  |  | (Based on full time equivalency) |
| Brief description of any special qualifications for this project |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Name |  |
| Degree and profession |  |
| Years experience in profession? |  | with agency? |  |
| Lincensure status, if applicable |  |
| Languages spoken |  |
| % of time in proposed project |  |
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| Brief description of any special qualifications for this project |  |
|  |  |  |  |