STAFF QUALIFICATIONS SUMMARY

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |  | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |  | | |
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