The Community Partnership For The Prevention of Homelessness

THE COMMUNITY PARTNERSHIP

Form 905

Program Staffing List

_____
Agency Name

_____
TCP Contract #

_____
Project Name

_____
Start Date of Contract

( ) **SHP** ( ) **DHS**

A	B	C	D	E	F	G
NAME	***JOB TITLE***	***# Of Hours per Week***	***Eligible for Benefits Y/N***	***Hourly Rate or Annual Salary***	***FTE Charged to TCP Contract***	***$ Amount Charged toTCP Contract***
				TOTAL		$ -