



# THE COMMUNITY PARTNERSHIP CONTRACT DELIVERABLES - Form 905

## Program Staffing List

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
TCP Contract #

\_\_\_\_\_  
Project Name

( ) SHP      ( ) DHS

\_\_\_\_\_  
Effective Date of Staffing

<i>NAME</i>	<i>JOB TITLE</i>	<i># Of Hours per Week</i>	<i>Eligible for Benefits Y/N</i>	<i>Hourly Rate or Annual Salary</i>	<i>FTE Charged to Contract</i>	<i>\$ Amount Charged to TCP Contract</i>

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