**CF-4: EXPERIENCE ASSESSMENT FORM**

Please attach signed copies for each staff member whose experience should be considered for meeting the Development Experience/Capacity requirement. Attach one copy for each project. Resumes should be attached.

|  |  |
| --- | --- |
| **Category** | **Description** |
| Staff or Consultant Name |        |
|  Mailing Address |        | Phone Number |
|        |       |
|        | Email |
|        |       |
| Project Name |        |
| Project Location |        |
| Project Type | Number of Units | Population Served |
|       |       |       |
| Date of Occupancy |        |
| Sources of Funds |         |
| Description of Staff /Consultant Role in Project |        |
| Project References*(Name Address Phone)* |        |

***I certify that the information provided above is accurate and give my consent to contact references listed.***

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) Date

 Name of Staff Member