Staff Roster for Agencies with Grant Administered by the Community Development Grants Administration

Organization Name:_____

Date Completed: _____

Program Year: **2027**

NAME & TITLE	RACE	ADDRESS-INCLUDE CITY, STATE & ZIP
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		

Organizations receiving funding from Grant Programs administered by the Community Development Grants Administration must have adopted a written policy that, "effective January 1, 1996, all persons holding any of the grant funded staff positions administered by the Community Development Grants Administration shall be, and remain, residents of the City of Milwaukee".

NOTE: THIS FORM MUST BE SUBMITTED WHENEVER THERE ARE STAFF CHANGES.

CDGA FILE _____

COMPTROLLER _____