OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 1 - Key Personnel			
Name and Position Title (please include the organization position titles in addition to those shown)	**Percent of Time Proposed for this Grant**	**Percent of Time to be spent on other LHC HUD grants**	**Percent of time to be spent on other activities**
	Note: These three columns should total 100%		
Overall Project Director			
Day-to-Day Program Manager			