

Name of organization:

Person completing form:

Instructions: Please complete the following information referencing the development team's experience relevant to acquiring and/or rehabilitating and operating the proposed project in the BHCIP/CCE application.

Development Team Information

	Name	Website	Email	Tel #	Address
Principal Applicant:					
Legal:					
Construction Manager:					
Development Management Firm:					
Owner's Representative:					
Architect:					
Civil Engineer:					
General Contractor:					
Specialty Consultant:					
Specialty Consultant:					
Specialty Consultant:					
Specialty Consultant:					



Relevant Experience

	Years of Experience	Relevant Previous Projects
Principal Applicant:		
Legal:		
Construction Manager:		
Development Management Firm:		
Owner's Representative:		
Architect:		
Civil Engineer:		
General Contractor:		
Specialty Consultant:		
Specialty Consultant:		
Specialty Consultant:		
Specialty Consultant:		