**STATEWIDE DEFERRED PROSECUTION PROGRAM**

**STAFFING TABLE**

**NOFO # 2827-0925**

|  |  |
| --- | --- |
| Name of Program |  |
| Name of Organization |  |
| GATA ID # |  |

*Applicants must review, complete the tables, and upload this Word form to AmpliFund. If you have questions, please reach out to CJA.SDPNOFO@illinois.gov.*

**Project Management and Staffing**

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| --- |
| **Question 3:** Use the table below to detail the staffwho be funded by the proposed program. Include titles, duties, primary qualifications and any mandatory training or certifications. |

|  |  |  |
| --- | --- | --- |
| **Title** | **Role on the Grant** | **Qualifications** |
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