ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION

Project Staffing Chart (Insert Name of Project Here) Proposed Grant Period: (Insert Grant Period Here)

Project Position	Last Name (if known)	First Name (if known)	Annual Salary	Project Salary	Project Fringe Benefit Cost	Project FTE	Project Hrs./wk.	Degree/Credentials	Project Position Duties	Start Date	End Date	Title of Other Position(s) Held	Other Hrs./wk.	Other Postion Duties
Agency Lead												\		
Project Director	higgins-alderman						1 1							
Other Project Staff Title														
Other Project Staff Title							1 1							
Other Project Staff Title	Ti i													
add other lines as needed	Ti i													
Administrative Staff							1 1							
Data Manager/Evaluation	Ti i													
-							1 1							
							1 1							
	++	1		1 1	1									1
			TOTAL	50	50			<u> </u>		Start Date: the da	ate the staff person	on will begin working on t	he project	l
			TOTAL	\$0	\$0							on will begin working on t		
				\$0	\$0									
Contracted Professionals/	Last Name	First Name	Project	· ·	\$0					End Date: the da	te the staff perso			
	Last Name (if known)	First Name (if known)	Project Cost	Project FTE	\$0 Project Hrs./wk.			Degree/Credentials						
Contracted Professionals/ Consultants			Project Cost \$100	Project FTE	\$0 Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			
			Project Cost	Project FTE	Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			
			Project Cost \$100	Project FTE	Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			
			Project Cost \$100	Project FTE	Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			
			Project Cost \$100	Project FTE	Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			
			Project Cost \$100	Project FTE	Project Hrs./wk.			Degree/Credentials		End Date: the da	te the staff perso			

TOTAL \$1,000,100