

Child and Adult Care Food Program
BOARD OF DIRECTORS INFORMATION

Agreement Number: _____

b) List The Board of Directors (Only complete if you checked Private Non-Profit)

i. (President)

Name: _____

Address: _____

D.O.B _____

Day time phone # _____

ii. (Vice- President)

Name: _____

Address: _____

Day time phone # _____

iii. (Treasurer)

Name: _____

Address: _____

Day time phone # _____

iv. (Secretary)

Name: _____

Address: _____

Day time phone # _____

v. (Other Member)

Name: _____

Address: _____

Day time phone # _____

vi. (Other Member)

Name: _____

Address: _____

Day time phone # _____

Attach additional pages if needed:

c) Do any of these members receive any compensation or payment of any kind from the organization?

Yes No

If "yes" (Explain): _____

d) Do any board members have any relationship to any other board members and/or sponsoring organization personnel?

Yes No

If "yes" (Explain): _____

e) Do all board members understand their role in governing the organization, including making hiring decisions, budget approval and over all responsibility for oversight of the organization?

Yes No

f) How frequently do board meetings take place? _____