CACFP Agreement #\_\_\_\_\_

Sponsor Name							
Board Chair or Owner	Length of ti	me on Board					
SALUTATION	FIRST NAME			LAST NAME			
DATE OF BIRTH		EMAIL ADDRESS					
PHONE		EXT	FAX				
OCCUPATION			CURRENT EMPLOYER				
EMPLOYER ADDRESS 1 ADDRESS 2				CITY	STATE	ZIP	
HOME ADDRESS 1 ADDRESS 2				CITY	STATE	ZIP	
Is this member related to If <b>Yes</b> , please specify nam			organization?	Yes No			
Executive Director							
SALUTATION	FIRST NAME			LAST NAME			
DATE OF BIRTH		EMAIL ADDRESS					
PHONE		EXT	FAX				
OCCUPATION			CURRENT EM	CURRENT EMPLOYER			
EMPLOYER ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP	
HOME ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP	
Is this member related to If <b>Yes</b> , please specify nam			organization?	Yes No			
Board Member	Title			_ Length of time on Board	d		
SALUTATION	FIRST NAME			LAST NAME			
DATE OF BIRTH		EMAIL ADDRESS					
PHONE		EXT	FAX				
OCCUPATION			CURRENT EM	CURRENT EMPLOYER			
EMPLOYER ADDRESS 1 ADDRESS 2			CITY	STATE	ZIP		
HOME ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP	
le this member related to	another beard m	ombor or staff of this s	ragnization?	Yes No			
Is this member related to				Yes No			
If <b>Yes</b> , please specify nam	ie and position he	210					

USDA is an equal opportunity provider and employer.

CACFP Agreement #\_\_\_\_\_

Board Member	Title			Length of time on Board		
SALUTATION	FIRST NAME			LAST NAME		
DATE OF BIRTH	E	MAIL ADDRESS		I		
PHONE		EXT	FAX			
OCCUPATION			CURRENT EMPI	LOYER		
EMPLOYER ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
HOME ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
Is this member related to ano						
If <b>Yes</b> , please specify name an						
Board Member	Title					
SALUTATION	FIRST NAME			LAST NAME		
DATE OF BIRTH	E	MAIL ADDRESS				
PHONE		EXT	FAX			
OCCUPATION			CURRENT EMPI	LOYER		
EMPLOYER ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
HOME ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
Is this member related to ano	ther board mer	mber or staff of this o	rganization?	Yes No		
If <b>Yes</b> , please specify name ar	d position held	d::				
Board Member	Title			Length of time on Board		
SALUTATION	FIRST NAME			LAST NAME		
DATE OF BIRTH	E	MAIL ADDRESS				
PHONE		EXT	FAX			
OCCUPATION			CURRENT EMPI	LOYER		
EMPLOYER ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
HOME ADDRESS 1		ADDRESS 2		CITY	STATE	ZIP
Is this member related to ano	ther hoard may	mber or staff of this o	raanization?	Yes No		
If Yes, please specify name an	ia position held	1:				

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NDL/SAM	Date			