

CACFP Agreement # _____

Sponsor Name _____

Board Chair or Owner		Length of time 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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes , please specify name and position held: _____				
Executive Director				
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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes , please specify name and position held: _____				
Board Member	Title		Length of time 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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes , please specify name and position held: _____				

USDA is an equal opportunity provider and employer.

Board Member		Title _____		Length of time 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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes , please specify name and position held: _____					
Board Member		Title _____		Length of time 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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes , please specify name and position held: _____					
Board Member		Title _____		Length of time 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 another board member or staff of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes , please specify name and position held: _____					

FOR STATE USE ONLYNDL/SAM Date _____