

CACFP Agreement #: _____

Instructions: Complete this form by filling out the information for your organization's Executive Director, Chairperson of the Board, Treasurer, Secretary, and any other board members. All fields are required to be completed.

Name of Organization: _____

EXECUTIVE DIRECTOR

Salutation: _____ First Name: _____ Last Name: _____

Date of Birth: _____ Email Address: _____

Phone: _____ Ext: _____ Fax: _____

Occupation: _____ Current Employer: _____

Employer Address: _____ City: _____ State: _____ ZIP: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Is there a conflict of interest, real or apparent, that may arise due to prior or future associations, financial or other interests, between employees or board members? Yes No

Is this member related to another board member or staff of this organization? Yes No

If **yes**, please specify name and position held: _____

CHAIRPERSON OF THE BOARD

Length of Time on Board: _____

Salutation: _____ First Name: _____ Last Name: _____

Date of Birth: _____ Email Address: _____

Phone: _____ Ext: _____ Fax: _____

Occupation: _____ Current Employer: _____

Employer Address: _____ City: _____ State: _____ ZIP: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Is there a conflict of interest, real or apparent, that may arise due to prior or future associations, financial or other interests, between employees or board members? Yes No

Is this member related to another board member or staff of this organization? Yes No

If **yes**, please specify name and position held: _____

This institution is an equal opportunity provider.

TREASURER

Length of Time on Board: _____
Salutation: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Email Address: _____
Phone: _____ Ext: _____ Fax: _____
Occupation: _____ Current Employer: _____
Employer Address: _____ City: _____ State: _____ ZIP: _____
Home Address: _____ City: _____ State: _____ ZIP: _____

Is there a conflict of interest, real or apparent, that may arise due to prior or future associations, financial or other interests, between employees or board members? Yes No

Is this member related to another board member or staff of this organization? Yes No

If **yes**, please specify name and position held: _____

SECRETARY

Length of Time on Board: _____
Salutation: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Email Address: _____
Phone: _____ Ext: _____ Fax: _____
Occupation: _____ Current Employer: _____
Employer Address: _____ City: _____ State: _____ ZIP: _____
Home Address: _____ City: _____ State: _____ ZIP: _____

Is there a conflict of interest, real or apparent, that may arise due to prior or future associations, financial or other interests, between employees or board members? Yes No

Is this member related to another board member or staff of this organization? Yes No

If **yes**, please specify name and position held: _____

BOARD MEMBER

Length of Time on Board: _____ Title: _____
Salutation: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Email Address: _____
Phone: _____ Ext: _____ Fax: _____
Occupation: _____ Current Employer: _____
Employer Address: _____ City: _____ State: _____ ZIP: _____
Home Address: _____ City: _____ State: _____ ZIP: _____

Is there a conflict of interest, real or apparent, that may arise due to prior or future associations, financial or other interests, between employees or board members? Yes No

Is this member related to another board member or staff of this organization? Yes No

If **yes**, please specify name and position held: _____

For State Use Only: NDL/SAM **Date:** _____