

Those contracting entities (CE) that do not use TX-UNPS use this form to document their board of directors. If the CE does not have a board of directors, this form is used to capture the individual(s) within the organization that have overall responsibility for management of the CACFP. Fields designated as *(required)* must be completed.

**SECTION I – CONTRACTING ENTITY (CE) INFORMATION**

1. Name of Contracting Entity (CE) <i>(required)</i> :	2. CE ID:	3. Version <i>(required)</i> :

**SECTION II – BOARD MEMBER INFORMATION**

1. Board Member Type <i>(required)</i>		2. Length of time on board			
3. Name of Board Member <i>(required)</i>					
Salutation <i>(required)</i>	First Name <i>(required)</i>		Last Name <i>(required)</i>		
4. Date of Birth <i>(required)</i>		5. Email Address			
6. Phone (include area code) <i>(required)</i>		Extension	Fax (include area code)		
7. Occupation:					
8. Current employer:					
<b>Employer Address</b>					
9. Address 1:		10. Address 2:	11. City	12. State	Zip+4
+					
<b>Home Address</b>					
13. Address 1 <i>(required)</i> :		14. Address 2:	15. City <i>(required)</i>	16. State <i>(required)</i>	Zip+4 <i>(required)</i>
+					
17. Is this member related to other board members or staff of this organization? <i>(required)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If <b>Yes</b> , please specify name and position held:					
You must submit documentation that confirms your organization’s governing body is aware of the organization’s responsibilities and liabilities associated with participation in the CACFP. This is done by submitting the Checklist Item, Governing Body Awareness.					

**SECTION III – SIGNATURE**

Signature – Authorized Representative of Contracting Entity	Date
Name (please type or print)	Title