

**INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM
BOARD OF DIRECTORS - CENTERS**

Those contracting entities (CEs) that use the Texas Unified Nutrition Programs System (TX-UNPS) do not complete this form on paper. This form is also submitted when changes in management and/or board members have occurred. CEs that do not have a board of directors use this form to document the individual(s) within the organization that have overall responsibility for management of the CACFP and/or oversight of the organization. **Instructions through December 31, 2012:** Complete and submit this form for the owner, highest management position within the organization, and/or Chairman of the Board and Executive Director. **Beginning January 1, 2013:** Complete this form for all board members and/or individual that has overall responsibility for management of the CACFP and/or oversight of the organization.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the name of the contracting entity.
 2. **CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know your CE ID, leave blank.
 3. **Version** – Enter the version for this submittal. If this is your initial submittal, you will enter “Original”. For each additional submittal, enter “Revision 1”, “Revision 2”, and so on.
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SECTION II – BOARD MEMBER INFORMATION

Fields designated (*required*) must be completed.

All fields are self-explanatory with the exception of the following:

1. **Board Member Type** – Enter the board member type using the following values: Chairman of the Board, Vice Chair, Executive Director, Treasurer, Secretary, Board Member or Compensated Board Member. If one of these values is not appropriate, enter “Board Member”.
 3. **Name of Board Member** –The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister.
 7. **Occupation** – Enter the individual’s occupation if they have employment outside the CEs organization.
 8. **Current Employer** – Enter the current employer if they are employed by someone other than the CE.
 13. **Home Address: Address 1** – Enter the street address of the board member’s home address. This cannot be a P.O. Box.
 14. **Home Address: Address 2** – If the board member’s home address includes a unit number, apartment number or other numbering sequence, enter that information.
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SECTION III – SIGNATURE

The Authorized Representative of the Contracting Entity signs, dates and prints their name and title.

SUBMITTAL

CEs Not Using TX-UNPS – Submit to one of the following:

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Applications
P.O. Box 12847
Austin, Texas 78711

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Applications
1700 North Congress Ave.
Austin, Texas 78701

E-mail to:

CACFP.Bops@TexasAgriculture.gov

Fax to:

888-223-8645