

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
CHILD AND ADULT CARE FOOD PROGRAM  
BOARD OF DIRECTORS – DAY CARE HOMES**

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 board members have occurred. CE's 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 Chairman of the Board and Executive Director, or the individual(s) with the highest management position within the organization. **Beginning January 1, 2013:** Complete this form for all board members and/or highest management position within the organization that have overall responsibility for the 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 as (*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** – Enter the following for the board member: salutation, first name and last name. 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 occupation of the board member.
  8. **Current Employer** – Enter the current employer for the board member.
  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.

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**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](mailto:CACFP.Bops@TexasAgriculture.gov)

**Fax to:**

888-223-8645