Minnesota Department of Education

Child and Adult Care Food Program Sponsors of Homes Board Composition

Sponsor Name: _____ Sponsor ID: _____ Date: _____

Use this form to provide Food and Nutrition Service (FNS) with information about the governing board for the organization. Complete all of the fields including the date of birth for the executive director and chairman of the board. The information about relationships must include any family relationships to others in the organization or to other members of the governing board. In addition, relationships can include any contractual or less than arm's length transactions, report all that apply.

Board Member Name	Position on Board	Term Dates	Mailing Address: Street City Zip Phone	Relationship	Employer Name and Job Title	Compensation for serving on the Board (if yes check box)
	Chairman Birthdate:					☐
	Executive Director Birthdate:					☐
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