Minnesota Department of Education

Child and Adult Care Food Program Principal Identification

Use this form to provide Food and Nutrition Service (FNS) with information about the governing board, Executive Director, Superintendent/Principal, Business Manager and/or owner for the organization. FNS will utilize the information provided on this form to confirm that no principals of the organization are on the National Disqualified List in accordance with 7 CFR 226.6 (b)(1)(xii) and 226.6 (b)(2)(ii). The information provided is public data as defined by the Minnesota Government Data Practices Act.

All fields should be completed. Include a disclosure of any relationships for each board member to the organization.

Sponsor Name: _____ Sponsor Identification: _____ Date: _____

Name	Position	Birthdate (for all principals*)	Term Dates (if a member of the Board of Directors)	Mailing Address: Street, City, Zip, Phone, Email	Employer Name and Job Title (if employed outside the organization)	Disclose less-than-arms-length relationship**	Compensation for serving the Board (check if yes)
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*Principal means any individual who holds a management position within or is an officer of an institution or a sponsored center, including all members of the institution's board of directors or the sponsored center's board of directors.

**Sponsors are required to disclose any conflicts of interest, including specific identification of any dealings with less-than-arms-length entities and any relationships between officers, board members and employees.

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