

**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. 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.

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 CE's 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 - CE's 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

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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:					
Employer Address					
9. Address 1:		10. Address 2:	11. City	12. State	Zip+4
+					
Home Address					
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 Yes , 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