

Chairman/Executive Director/Owner's Form

ADDITIONAL INFORMATION TO GATHER FROM INSTITUTION'S OWNER/PROPRIETORS, LLC PRESIDENTS, EXECUTIVE DIRECTORS, AND C.O.B'S

Failure to complete will result in an incomplete application for participation in CACFP.

We are providing this form to you because you have been identified as currently holding one of the following positions within an institution applying or reapplying for participation in USDA's CACFP:

- Chairman of the board of a nonprofit institution; or
- Chairman of the governing board of a public or quasi-public entity; or
- Owner of a proprietary business; or
- Manager or president of a corporation or a Limited Liability Corporation; or
- Executive director, or comparable director of operations, of the CACFP in a private nonprofit, proprietary, or public institution applying to participate in CACFP:

My date of birth is: _____

My business mailing address is:

My full name is:

Legal signature: _____ Date: _____

Type/Print Name: _____

Any institution or individual that provides false information on this form will be subject to applicable civil or criminal penalties.

This institution is an equal opportunity provider.