

## **GOVERNING BODY AWARENESS**

In accordance with Child and Adult Care Food Program (CACFP) policy, we are submitting the following documentation that confirms our organization's governing body is aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

### **Governing Body Meeting Minutes**

Attached is a copy of the organization's meeting minutes signed by the Secretary of the Board. The minutes include (1) Date of the meeting, (2) Items discussed, including the decision to participate in the CACFP, (3) Names of all Board Members present at the meeting, and (4) Names of all Board Members who voted on the action items.

### **Written declarations from each Governing Body Board Member**

Attached are written declarations from Board Members acknowledging that they are aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

### **Governing Body Meeting Minutes and Written declaration(s) from Governing Body Board Member(s)**

Attached are both the copy of the organization's meeting minutes signed by the Secretary of the Board. The minutes include (1) Date of the meeting, (2) Items discussed, including the decision to participate in the CACFP, (3) Names of all Board Members present at the meeting, and (4) Names of all Board Members who voted on the action items, and written declaration(s) from Board Members not present at the meeting for which the notes are attached, acknowledging that they are aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

**Organization:** \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GOVERNING BODY MEMBER**

**Name of Organization:** \_\_\_\_\_

**Full Legal Name of Board Member:** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_  
**(If different from mailing address)** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Relationship with any other member or employee of the organization; and compensation, if any, that you receive for services provided to the organization:**

\_\_\_\_\_  
\_\_\_\_\_

**Written Declaration:**

**As a member of the governing body of this organization, I am aware of the organization's responsibilities and liabilities associated with participation in the CACFP.**

**Signature of Board Member:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_