Board of Directors Roster for Agencies with Grant Administered by the Community Development Grants Administration

Organization Name:_____

Date Completed: _____

Unique Entity Identifier (UEI):_____

Program Year: **2027**

NAME & BOARD TITLE	RACE	ADDRESS-INCLUDE CITY, STATE & ZIP	TERM EXPIRATION
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The Slate of Officers of the Board Shall Commence on _____ and End on _____.

NOTE: THIS FORM MUST BE SUBMITTED WHENEVER THERE ARE BOARD CHANGES.

CDGA FILE _____
COMPTROLLER_____