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| **Organization Name:** |  |
| **Program Name:** |  |

Complete list of organization’s current Board or governing members (officers identified). Information must include name, address, office held, term of office, compensation, profession, qualification, race, gender, ethnicity, and homeless/formerly homeless status.

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| **Mr./Ms.:** | |  | | | **First Name:** | | |  | | | **Last Name:** | | |  | |
| **Office Held:** | | | |  | **Term of Office:** | | | |  | | **Compensation:** | | | |  |
| **Profession:** | | | |  | | | | | | **Qualification:** | |  | | | |
| **Race:** |  | | | | **Gender:** | |  | | | | **Ethnicity:** | |  | | |
| **Address:** | | | Enter address here… | | | | | | | | | | | | |
| **Homeless/Formerly Homeless?** | | | | | | Yes:  No: | | | | | | | | | |

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