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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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