

2. Governing Board

Per <u>45 CFR 1321.55(b)(10)</u>, the Area Agency on Aging shall have a board of directors comprised of leaders in the community, including leaders from groups identified as in greatest economic need and greatest social need, who have the respect, capacity, and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.

Executive Board Membership

Presiding Officer/Chair:

Term of Chair:	Start Date:	End Date:	
If the Chair served more than one consecutive term enter the first date.			
Appointment Term:	Start Date:	End Date:	
Organizational Affiliation:			
Non-Agency Address:			
Non-Agency Phone:			
Non-Agency Email:			

Vice Chair:

Term of Chair:	Start Date:	End Date:	
Appointment Term:	Start Date:	End Date:	
Organizational Affiliation:			
Non-Agency Address:			
Non-Agency Phone:			
Non-Agency Email:			

Treasurer:

Term of Chair:	Start Date:	End Date:	
Appointment Term:	Start Date:	End Date:	
Organizational Affiliation:			
Non-Agency Address:			
Non-Agency Phone:			
Non-Agency Email:			

Secretary:

Term of Chair:	Start Date:	End Date:	
Appointment Term:	Start Date:	End Date:	
Organizational Affiliation:			
Non-Agency Address:			
Non-Agency Phone:			
Non-Agency Email:			

Process used to appoint members:

Dates of governing board meetings for the current year:

Standing Board Committees identified in the Bylaws:

Governing Board Membership

Total Board positions (including vacancies):

If a position is unfilled, please list as "VACANT" below)

Board Member: County or City of Residence: Appointment Type: County/City Appointment Appointment Date: **Organizational Affiliation: Board Appointed** Other (describe) Non-Agency Address: Non-Agency Phone: Non-Agency Email: **Board Member:** County or City of Residence: County/City Appointment Appointment Date: Appointment Type: **Organizational Affiliation: Board Appointed** Other (describe) Non-Agency Address: Non-Agency Phone: Non-Agency Email: **Board Member:** County or City of Residence: Appointment Date: Appointment Type: County/City Appointment **Board Appointed Organizational Affiliation:** Other (describe) Non-Agency Address: Non-Agency Phone: Non-Agency Email: **Board Member:**

County or City of Residence:		
Appointment Date:	Appointment Type:	County/City Appointment
Organizational Affiliation:		Board Appointed
Non-Agency Address:		Other (describe)
Non-Agency Phone:		
Non-Agency Email:		

Board Member:

Appointment Date:	Appointment Type:	County/City Appointment
Organizational Affiliation:		Board Appointed
Non-Agency Address:		Other (describe)
Non-Agency Phone:		
Non-Agency Email:		

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