TN Department of Human Resources

Organization Name: _____

BOARD OF DIRECTORS

Board Member		Receives Compensation (Please indicate below for each)		Resident of Tennessee (Please indicate below for each)	
Name	**Title**	**Yes**	**No**	**Yes**	**No**

Does your Board of Directors meet at least quarterly? Yes _____ No _____ How many times does it meet annually? _____

Note: You may duplicate this form, if needed, for additional listings. List of Board Members MUST be placed on this form.