



**RFI #6855: Agency Eligibility for Human Services Program Operations ATTACHMENT A**

Name	Current Term Start Date	Current Term End Date	Total Number of Years on Board	Officer? (Title)	Committee Membership? (List all Committee Names)
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**A. What percentage of the Agency’s board membership has made a financial contribution to the agency in the past twelve months?** Click here to enter text.%\*

**B. What percentage of the Agency’s board membership has NOT made a financial contribution to the agency in the past twelve months?** Click here to enter text.%\*

*\*(A + B should equal 100% of Board membership).*

**C. Does your agency have a term limit policy?** Yes  No