

Addendum to ROPA / District Survey

District Name:

District Address:	Mailing Address:
Designated Contact:	Superintendent/ General Manager:
Title:	Phone:
Phone:	Email:
Email:	

Board Member and Contact Info	Elected/ Appointed	Term Start Date		Term End Date
<i>Name:</i> <i>Address:</i> <i>Phone:</i> <i>Email:</i>			TO	
If applicable, what board member did this person replace: Date of Vacancy:				
<i>Name:</i> <i>Address:</i> <i>Phone:</i> <i>Email:</i>			TO	
If applicable, what board member did this person replace: Date of Vacancy:				
<i>Name:</i> <i>Address:</i> <i>Phone:</i> <i>Email:</i>			TO	
If applicable, what board member did this person replace: Date of Vacancy:				
<i>Name:</i> <i>Address:</i> <i>Phone:</i> <i>Email:</i>			TO	
If applicable, what board member did this person replace: Date of Vacancy:				

Board Members earn (check one):

Salary: \$ _____ per month

Per Meeting: \$ _____

Board Members are not compensated.

How many meetings per month? How long is your average meeting?

How many subcommittees do you have?

Board members are expected to sit on a minimum of _____ subcommittees.

How are your chairperson and other officers selected?

(i.e. elected by board, appointed, etc.)

How long do they serve as officers?

Does the District make the following items available to board members?

Health Insurance Coverage

Amount: \$ _____

Mileage Reimbursement

Rate: \$ _____ per mile

Expense Account

Amount: \$ _____

Retirement Program

Plan Provider: _____

Please check the appropriate box below. Directors are:

Qualified and elected at large

Qualified by division/ward/trustee area and elected at large

Qualified and elected by division/ward/trustee area

I have used all reasonable diligence in completing this form. I have reviewed the form and to the best of my knowledge the information contained herein is true and correct.

Signature

Date