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NYC Administration for Children's Services
Division of Early Care and Education

**DELEGATE AGENCY POLICY COMMITTEE
ELECTION PLANNING FORM**

SUBMIT ONE FORM PER DELEGATE AGENCY

Delegate Agency: _____

Name and Title of the Delegate Agency staff person designated to coordinate the Delegate Agency Parent Elections activities:

Name: _____ Title _____ Telephone # _____

Fax Number: _____ E-Mail: _____

NOTE: THIS PERSON ABOVE WILL BE HEREAFTER REFERRED TO AS THE "PARENT ELECTION COORDINATOR".

DELEGATE AGENCY POLICY COMMITTEE ELECTION (DAPC/PC)

Date: _____ **Time:** _____ **Location** _____

CLASSROOM PARENT COMMITTEE ELECTION DATES

SITE NAME / ADDRESS (Please Print)	DATE RANGE OF CLASSROOM ELECTIONS FROM: TO:	DATE OF SITE ELECTION (DASPC) (Multisite Only)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Grantee advises multi-site agencies to hold its classroom elections and parent committee elections either on the same date or within the same week.