



New York City Administration for Children's Services
Division of Early Care and Education
Delegate Agency Policy Committee Election
Certification Form



(Complete AT THE CONCLUSION of the Delegate Agency Policy Committee/Council Election Only)

Delegate Agency _____ Program Year _____

Address _____

Head Start Director _____ Telephone _____

Child Care Director (if applicable) _____ Email: _____

Parent Election Coordinator _____ Email: _____

Name of Sponsoring Board _____

Sponsoring Board Chairperson _____ Telephone _____

Address _____

Street

Apt. #

City/State

Zip Code

Sponsoring Board Chairperson Email _____

I hereby certify that the enclosed Delegate Agency Policy Committee/Council Elections were conducted in accordance with ACS Head Start policies and guidelines and that all representatives were duly elected.

Signature of Sponsoring Board Chairperson Date _____

Signature of Head Start Director Date _____

Signature of Child Care Director (if applicable) Date _____

Signature of Parent Election Coordinator Date _____

Signature of ACS/Head Start Monitor Date _____