



F-9  
**New York City Administration for Children's Services**  
 Division of Early Care and Education  
 Parent Election Chart



Name of Delegate Agency \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Site Name (Where Appropriate) \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Election (Check One) Delegate Agency Site Parent Committee  Delegate Agency Policy Committee/Council  Date \_\_\_\_\_

Number of Representatives Present: \_\_\_\_\_ \*Number of Proxy Nomination Letters: \_\_\_\_\_ **\*ATTACH COPIES OF PROXY LETTERS**

Office	Nominee	Nominated By	Declined	Motion to Close Nominations	Seconded By	Motion Passed		Number of Votes	Number of Reps Present
						Yes	No		
Chairperson									
Vice Chairperson									
Secretary									

Name of Delegate Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Office	Nominee	Nominated By	Declined	Motion to Close Nominations	Seconded By	Motion Passed		Number of Votes	Number of Reps Present
						Yes	No		
Treasurer Chairperson of Finance Committee									
Chairperson of Personnel Practices Committee									
Chairperson of Grievance Committee									
Chairperson of By-laws Committee									

FOR DASPC ELECTION ONLY

DA DIRECTOR \_\_\_\_\_

PARENT ELECTION COORDINATOR \_\_\_\_\_

Date: \_\_\_\_\_

ELECTED DASPC CHAIRPERSON \_\_\_\_\_ STAFF DA MONITOR \_\_\_\_\_ Date: \_\_\_\_\_

Name of Delegate Agency \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Office	Nominee	Nominated By	Declined	Motion to Close Nominations	Seconded By	Motion Passed		Number of Votes	Number of Reps Present
						Yes	No		
Area Representative <b>CANDIDATE</b>									

**LIST ALL OTHER COMMITTEE/COUNCIL MEMBERS**

Name	Name	Name

FOR DAPC ELECTION ONLY

Delegate Agency Director \_\_\_\_\_ SIGNATURE Parent Election Coordinator \_\_\_\_\_ SIGNATURE Date: \_\_\_\_\_

Elected Chairperson \_\_\_\_\_ SIGNATURE ACS/Head Start Monitor \_\_\_\_\_ SIGNATURE Date: \_\_\_\_\_