



F-16

New York City Administration for Children's Services
Division of Early Care and Education



Delegate Agency Community Representative Report Form

Delegate Agency _____ Date _____

Parent Election Coordinator _____ Telephone _____

Parent Election Coordinator E-Mail _____

Community Representative:

Complete the following information for the Community Representatives **Elected** to the 2015-2016 DAPC

Name	Affiliation	Are they a Member of your Health Services Advisory Committee	Date of Election to the DAPC	Number of Years on DAPC

Delegate Agency Director's Signature Date

Parent Election Coordinator's Signature Date