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##### New York City Administration for Children’s Services

##### Division of Early Care and Education

##### logo4Delegate 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 Governing Board

##### Governing Board Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Address

Street Apt. # City/State Zip Code

Governing 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.

##### Date

Signature of Governing 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