

2018 - 2019 Head Start & Dual Eligible Parent Election Documents

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F-1



NYC ACS Division of Early Care and Education Delegate Agency Policy Committee (DAPC) Election Planning Form



SUBMIT ONE FORM PER DELEGATE AGENCY

Delegate Agency: _____

Parent Election Coordinator

Name: _____ Title _____ Telephone # _____

E-Mail: _____

DAPC ELECTION (DAPC/PC):

Date: _____ Time: _____ Location: _____

CLASSROOM PARENT COMMITTEE ELECTION DATES

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Site Name / Address (Please Print)	Date Range of Classroom Elections From: To:	Date of Site Election (DASPC) (Multisite Only)

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

Director's/Designee Signature _____ Date _____

Revised: July 3, 2018



F-2
 NYC Administration for Children's Services
 Division of Early Care and Education
Delegate Agency Policy Committee
Governance Attestation



Delegate Agency: _____
 HS Director _____ Telephone No _____
 Name Parent Election Coordinator: _____ Telephone No. _____
 E-MAIL _____

As per Head Start regulations 1301.3 and (642(E)(VI), "each delegate agency governing body operating an EHS or HS program must (except where such authority is ceded to the Policy Committee/Council) propose, within the framework of these regulations, the:

- total size of their respective policy groups (based on the number of centers, classrooms, or other program units, and the number of children served by the EHS or HS program)
- the procedures for the election of parent members, and
- the procedure for election of community representatives

Finally, these proposals must be approved by the Policy Council or Policy Committee AND the Governing Board.

To ensure that each Delegate Agency is able to elect and sustain a viable DAPC, management staff must continually reassess its process for policy group composition and formation so that it can realistically meet the HS standards with regard to the group's decision making responsibilities and the challenges of maintaining the necessary levels of parent involvement (quorum*, committees).

ATTESTATION

I, _____, hereby attest that I have reviewed the DAPC Bylaws for
 (Name of Governing Board Chairperson)

_____ and attest that the abovementioned information on policy
 (Name of Delegate Agency)

group composition and formation that is included in our bylaws adequately and accurately reflects our current practice and procedure for ensuring consistency and fairness in the selection of policy group members

 Signature Governing Board Date

 Signature PC Representative Date

 Signature Head Start Director Date

Please submit when **all** required members sign document
 Revised: July 3, 2018



F-2A

NYC Administration for Children's Services Division of Early Care and Education Delegate Agency Policy Committee Structure Worksheet



As per Head Start regulations, your DAPCs Bylaws **must** (1) outline the composition of your DAPC with details on how you include all of your program options and, (2) outline the procedures by which parents move up to the DAPC with details on (a) the number and (b) titles of the representatives. This questionnaire will assist you in certifying that the elections you hold comply with the bylaws.

No	Question	Response
1	List last date when the Governing Board approved the formation process and composition of your DAPC.	Date
2	What is the total number of parent representatives, without counting community representatives, or parent alumni, that comprise your DAPC?	Add number
3	Note the number of community representatives or parent alumni that sit on your DAPC?	Add number
4	If applicable, how many representatives by site are on your delegate agency site Parent Committee?	Add number. Add more as needed. Site 1 _____ Site 6 _____ Site 2 _____ Site 7 _____ Site 3 _____ Site 8 _____ Site 4 _____ Site 9 _____ Site 5 _____ Site 10 _____
5	What members of the delegate agency site parent committee move up to the Policy Committee?	List
6	According to your bylaws, note the number of representatives should be elected from each classroom	Add number
7	Note the number of classroom parent representatives that continue to move up to the next level?	Add number
8	Are alternates also elected at the classroom level?	Circle One: YES or NO
9	If yes , do the alternates move with their classroom reps to the next level	Circle One: YES or NO
10	If no , how are alternates elected for the (DASPC or DAPC) site and DAPC elections?	Describe how you choose alternates
11	List the number of members (quorum) that can vote to review and approve items for your DAPC (including parent members and community reps)	Add number
12	List date for DAPC Annual Orientation	Date

Delegate Agency: _____ Date: _____

Director's Signature: _____ E-Mail: _____

Revised: July 3, 2018



F-2B

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



**Head Start Parent Activity Funds Guidelines
Attestation**

Delegate Agency: _____

HS Director _____ Telephone No _____

Name Parent Election Coordinator: _____ Telephone No. _____

E-MAIL _____

The Parent Activity Fund is money set aside in the program budget to provide parents the means to carry out their roles and responsibilities in meeting the goals of the Head Start grant at their Delegate Agency including planning, developing and implementing projects of interest that specifically aim to increase their skills as knowledgeable leaders and advocates within their community.

Federal regulations on the use of grant funds

Federal regulations require that organizations have written policies for ensuring purchases are allowable, allocable, and reasonable. Each organization must have written policies including procedures that list the positions that have this responsibility. Parent Activity funds shall be spent only on allowable, reasonable and allocable costs in a budget approved by the Governing Board.

ATTESTATION

I, _____, hereby attest that I have reviewed the Parent Activity
(Name of HS Director)

Fund Guidelines for _____ and attest that the abovementioned
(Name of Delegate Agency)

Information on parent activity funds is included in our bylaws and accurately reflects our current policies and procedures for ensuring compliance with the Head Start regulations.

Signature HS Director Date

Signature PC Representative Date

Signature Governing Board Date

Please submit when **all** required members sign document

F-3

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 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.

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 Date _____



F-4
 New York City Administration for Children's Services
 Division of Early Care and Education
Election Attendance Sheet
Classroom Parent Committee Only



Delegate Agency _____ Date _____

Site Address _____ Telephone _____

State ***the number of children*** enrolled in this class/session at the time of classroom election. _____

A QUORUM IS BASED ON 50% + 1 OF YOUR CLASSROOM ENROLLMENT AT THE TIME OF THE ELECTION

***Please maintain a copy of your meeting notice (i.e. flyer, letter or poster) with a copy of the agenda on file.**

Type of Election: Open Vote Meeting Closed Ballot Meeting All Day Voting (Ballot Box)

COMPLETE ONE FORM PER CLASSROOM

Parent Election Coordinator _____ Telephone _____

Email _____ FAX Number _____

Name (please print)	Signature	Classroom	Child's Name

F4A

DELEGATE AGENCY CLASSROOM PARENT COMMITTEE REPS

Complete One Form per Class

Delegate Agency Name:				
Site Name				
# Classrooms				
Name of Class:		# Enrolled:	Teacher:	
Head Start []		HS/DE []	Both []	
<u>Name</u>	<u>Title / Site</u>	<u>Home Mailing Address with Apt & Zip</u>	<u>Child's Name</u>	<u>Telephone</u>
	Chairperson			
	Vice-Chairperson			
	Secretary/Treasurer			
	Alternate			
	Alternate			
	Alternate			
Parent Election Coordinator Name & Email:				

Parent Election Coordinator Telephone: _____

Revised: July 3, 2018



F5
DELEGATE AGENCY CLASSROOM ELECTION SUMMARY FORM

DELEGATE AGENCY NAME: _____

NAME OF CLASSROOM	SITE ADDRESS	# CHILD ENROLLED	CHAIR PERSON	VICE-CHAIRPERSON	SECRETARY/ TREASURER	ALTERNATE(S)	DATE ELECTED	MONITORED BY

Family Coordinator Name _____ Email: _____
 Director's Name _____ Email _____

SUBMIT THIS FORM TO THE GRANTEE BY October 12, 2018



F-6
New York City Administration for Children's Services
Division of Early Care and Education
 Delegate Agency Site Parent Committee Representatives to the
 Delegate Agency Policy Committee/Council
Multi-Site Agency Only



Delegate Agency _____ Date _____
 Site Address _____
 Site Director _____ Tel: _____ Email: _____
 Parent Election Coordinator _____ Tel: _____ Email: _____

Lists all elected Delegate Agency Site Parent Committee Representatives and check only those eligible to serve on the Delegate Agency Policy Committee/Council

- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____
- [] **Name** _____ Telephone _____
 Home Mailing Address _____ Apt. # Zip Code
 Email _____

Instructions: Place a check (✓) next to each Delegate Agency Site Parent Committee Representative eligible, as per your DAPC By-Laws, to sit for the Delegate Agency Policy Committee elections. Remember to invite your Classroom Alternates of the Delegate Agency Parent Committee election to vote in place of Classroom Representatives that cannot attend the election.

Revised: July 3, 2018



F-7

NYC ACS Division of Early Care and Education
Election Attendance Sheet



Delegate Agency Site Parent Committee, Delegate Agency Policy Committee/Council and
 Area Representative Elections Only

Delegate Agency _____ Date _____

Site Address _____

Parent Election Coordinator _____ E-Mail _____ Tel: _____

Election Held: Delegate Agency Site Parent Committee

Delegate Agency Policy Committee/Council

Class/Site Representative Name (Signature)	TITLE	Site Address	Which classroom were you elected to represent?	<u>DA Use Only:</u> Check (✓) Parents Eligible to Vote

Please maintain a copy of the meeting notice (i.e. flyer, letter or poster) with a copy of the agenda and election minutes on file in your program.

Revised: July 3, 2018



F-8
 New York City Administration for Children's Services
 Division of Early Care and Education
Delegate Agency Site Parent Committee
Election Report Form



Delegate Agency _____ Date _____
 Site Address: _____ Tel: _____
 Site Director _____ E-Mail: _____
 Parent Election Coordinator _____ Tel _____
 E-Mail _____

Check Item(s) Reviewed:

Election Minutes Center Orientation Was there a Quorum? Yes No

Were all motions seconded? Yes No

Total number of representatives to the Delegate Agency Policy Committee/Council _____

Officers:

Chairperson _____ Telephone _____ E-Mail _____

Address _____

Vice Chairperson _____ Telephone _____ E-Mail _____

Address _____

Secretary Name _____

Treasurer Name _____

Sub-committees

Personnel Practices Chairperson Name _____

Grievance Chairperson Name _____

By-Laws Chairperson Name _____

Parent Election Coordinator's Signature: _____ Date: _____



F9
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 **(MUST 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 _____

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Page 2

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 & DAPC ELECTION

DA DIRECTOR _____ PARENT ELECTION COORDINATOR _____ Date: _____

ELECTED DASPC or DAPC CHAIRPERSON _____ STAFF DA MONITOR _____ Date: _____

Name of Delegate Agency _____

Telephone _____

The DAPC Chairperson automatically qualifies as an Area Representative “Candidate”

We stress the importance of the Area Representative Candidate being the Chairperson, or another officer of the DAPC. (Please note the candidate must be a current Head Start parent)

Upon completing the Grantee Area Representative Cluster Election the Area Representative Candidate position is dissolved.

LIST ALL OTHER COMMITTEE/COUNCIL MEMBERS

Name	Name	Name

FOR DASPC, DAPC and ELECTION OF OFFICERS

Delegate Agency Director _____ **Parent Election Coordinator** _____ **Date:** _____
SIGNATURE SIGNATURE

Elected Chairperson _____ **ACS/Head Start Monitor** _____ **Date:** _____
SIGNATURE SIGNATURE



F-10
 NYC ACS Division of Early Care and Education
DELEGATE AGENCY POLICY COMMITTEE (DAPC)
2018/2019 ROSTER



Name	Title/Site	Full Mailing Address	Telephone Contact Info	Email Address
	Chairperson			
	Vice Chairperson			
	Secretary			
	Treasurer			
	Personnel Practices, Chair			
	Grievance, Chair			
	Legislative Bylaws, Chair			
	Member			
	Member			
	Member			
	Member			
	Member			
	Member			
	Member			
	Member			
	Member			
	Member			

Revised: July 3, 2018



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



Election Minutes

Level of Election: Classroom Parent Committee Delegate Agency Site Parent Committee

Check One Delegate Agency Policy Committee/Council

Delegate Agency _____ Site Name _____

Site Address _____ Site Telephone _____

Classroom Name _____ was a quorum established? Yes No

Motions:
Second:
<u>VOTING Record – as needed</u>
members voting
quorum
Yes # No # Abs.

Note Taker: _____

Parent Election Coordinator _____ Telephone _____

E-mail _____ Date _____

Meeting Minutes/Notes:

Revised: July 3, 2018



F-12

**NYC ACS Division of Early Care and Education
Certification of Eligibility for
Area Representative**



The ACS grantee **must** establish the City-Wide Policy Council as early in the program year as possible. We stress the importance of the Area Representative Candidate being the Chairperson, or another officer of the DAPC. Please submit this documentation immediately following the DAPC election.

As part of the 2018 Parent Election process, this form stands to introduce and certify the eligibility of the following Delegate Agency Policy Committee/Council Parent Representative from **name of Delegate Agency**: _____.

The qualifying Area Representative candidate **must** be a parent of a Head Start/Dually Eligible child who is enrolled in the program at the time of his/her installation as a member of the City-Wide Policy Council. Definition of a Head Start parent is: “a Head Start child’s mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.”

CERTIFICATION OF ELIGIBILITY OF AREA REPRESENTATIVE CANDIDATES

The Delegate Agency Head Start Director _____ certifies
Name of Director
the eligibility of the candidate for the Area and /or Alternate Representative positions.

The following representative was elected as a **candidate** to participate in the area cluster election for an Area or Alternate Representative member to the City-Wide Head Start Policy Council.

Name of Area Representative Candidate: _____

Address: _____ Email: _____

Borough: _____ Zip Code: _____ Telephone: _____

Director Signature

Date

E-Mail Address



F-13
 Administration for Children's Services
 Division of Early Care and Education
OFFICIAL ROSTER OF DAPC
OFFICERS, MEMBERS & COMMUNITY REPRESENTATIVES



Delegate Agency _____ Site Address _____

Head Start Director _____ Telephone: _____

Parent Election Coordinator _____ E-Mail _____

Telephone _____ Date: _____

Results: Conducted Not Conducted

Check Item(s) Reviewed:

By-Laws Election Minutes Class Minutes Center Orientation Number
 of Sites _____ Number of Representatives per Site _____
 Number of Community Representatives Members _____

Total number of representatives to the Delegate Agency Policy Committee _____

Was There A Quorum? Yes No

If Not, Why? _____

Were All Motions Seconded? Yes No

Officers:

Chairperson _____ Telephone _____

Address _____ Apt# _____ Email _____

Vice - Chairperson _____ Telephone _____

Address _____ Apt# _____ Email _____

Secretary _____ Telephone _____

Address _____ Apt# _____ Email _____

Treasurer _____ Telephone _____

Address _____ Apt# _____ Email _____

Personnel Practices Chairperson _____ Telephone _____

Address _____ Apt# _____ Email _____

Grievance Chairperson _____ Telephone _____

Address _____ Apt# _____ Email _____

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Page 2

By-Laws Chairperson _____ Telephone _____

Address _____ Apt# _____ Email _____

Community Representative _____ Telephone _____

Address _____ Apt# _____ Email _____

Community Representative _____ Telephone _____

Address _____ Apt# _____ Email _____

Community Representative _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Member _____ Telephone _____

Address _____ Apt# _____ Email _____

Head Start Director _____	Date: _____
ACS/Head Start Monitor Signature _____	Date: _____
Delegate Agency Monitor _____	Date: _____

(Self-Monitored Delegate Agencies) _____



F-14

PC General Meeting Attendance Form



Delegate Agency _____ Date _____

Meeting Facilitator _____ Beginning Time _____ Ending Time _____

Number of Members on the Policy Council/Committee _____ Has a Quorum been Established? _

Purpose of Meeting: _____

*** For Use at All DAPC / PC Meetings to Document Attendance**

Name (please print)	DAPC Title	Check (✓) if counted towards Quorum



F-14A

Parent Committee Meeting Attendance Form



Delegate Agency _____ Date _____

Meeting Facilitator _____ Beginning Time _____ Ending Time _____

Purpose of Meeting: _____

*** For / PC Meetings to Document Attendance**

Name (please print)	Classroom

Revised: July 3, 2018

F-15



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

DAPC MEMBERSHIP CHANGE FORM



INSTRUCTIONS:

Complete one form for each DAPC member (*officer, non-officer and or Community Representative*) that needs to be replaced. Replacements should take place within 30 days removal or resignation from the DAPC. If the member that is being replaced is also a member of the Delegate Agency Site Parent Committee and Classroom Parent Committee, they must be replaced at those levels as well.

If an Alternate Representative was elected to shadow them during the initial election process then you do not need to hold another classroom election to replace the removed DAPC member. If an Alternate Representative was not elected to shadow representatives from their Classroom Parent Committee, then you will have to conduct an election in the classroom where the removed DAPC member came from.

NOTE: An Alternate Representative taking the place of a DAPC member does not automatically take the ELECTED OFFICE of the member they are replacing. At each level, an election must be conducted, among the members to determine who takes over the vacated office.



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NYC Administration for Children's Services
 Division of Early Care and Education
DAPC MEMBERSHIP CHANGE FORM



SUBMIT ONE FOR EACH DAPC MEMBER THAT IS REPLACED

Delegate Agency: _____

Election Coordinator: _____ Telephone Number: _____



About the outgoing member: Date of Removal or Resignation: _____

- DAPC Member Being Replaced: _____
- DAPC Officer Title (if applicable): _____
- DASPC Officer Title (if applicable): _____ Site: _____
- Classroom Officer Title: _____
- On what Committee level is the representative being replaced? [] DAPC, [] Site PC, [] Classroom (check all that apply)



About the incoming member:

- New DAPC Member: _____ Date Added: _____
 - Address: _____
 - Email _____ Telephone : _____
 - Originating Site: _____ Classroom: _____



About the vacated membership:

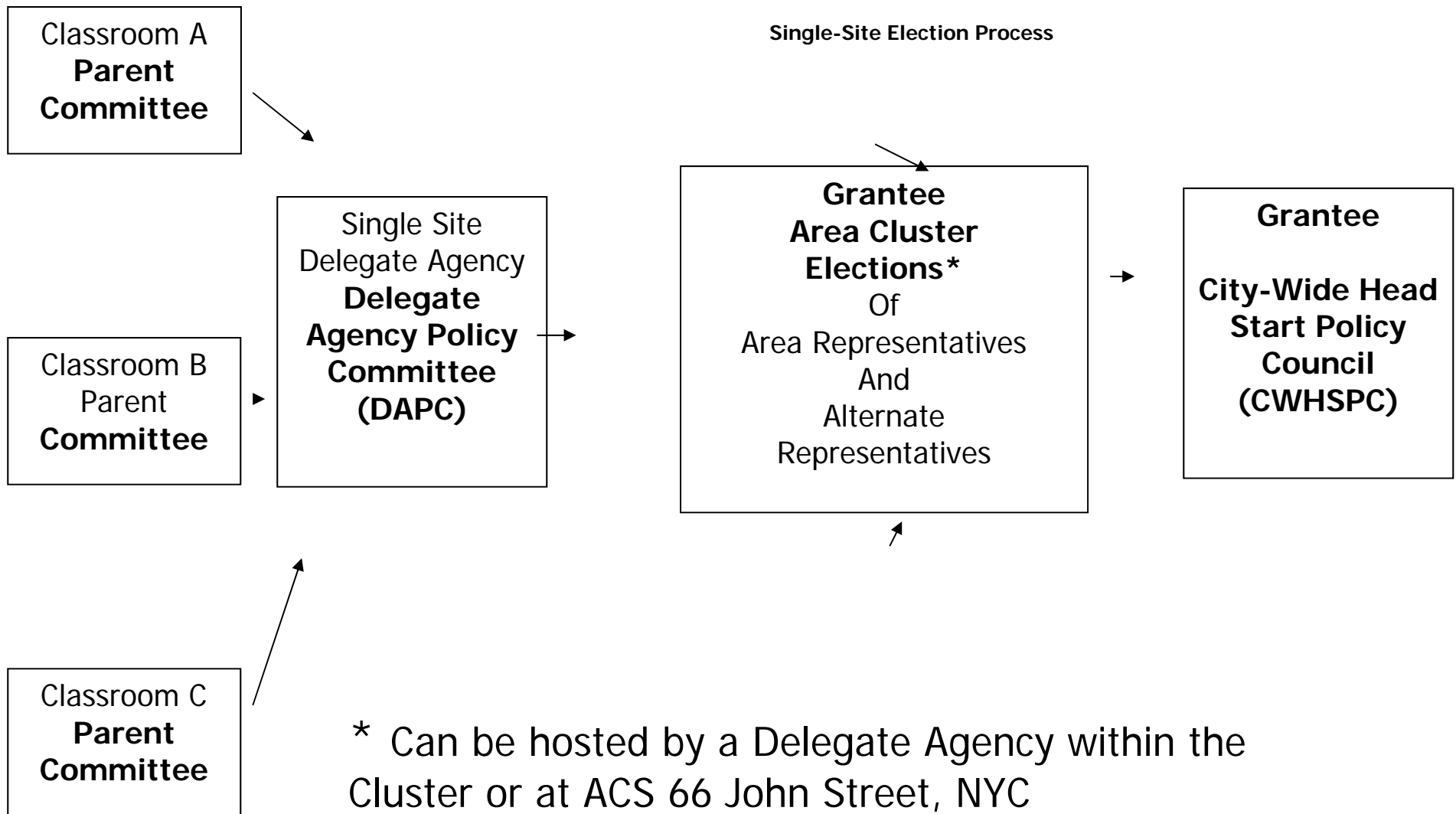
- If the vacating member held an office (i.e. Chairperson, Treasurer) then an election must take place to elect a replacement for the vacated office. If applicable, what was the date of the election?

- What Office was won by whom? _____
- If **removed**, attach meeting minutes where they were voted off of the DAPC and the letter sent to them informing them of the action. **Documents attached** Yes No
- If they resigned, attach their resignation letter. **Letter Attached** Yes No
- Comment: _____

Election Coordinator Signature _____ Date _____ Director's Signature _____

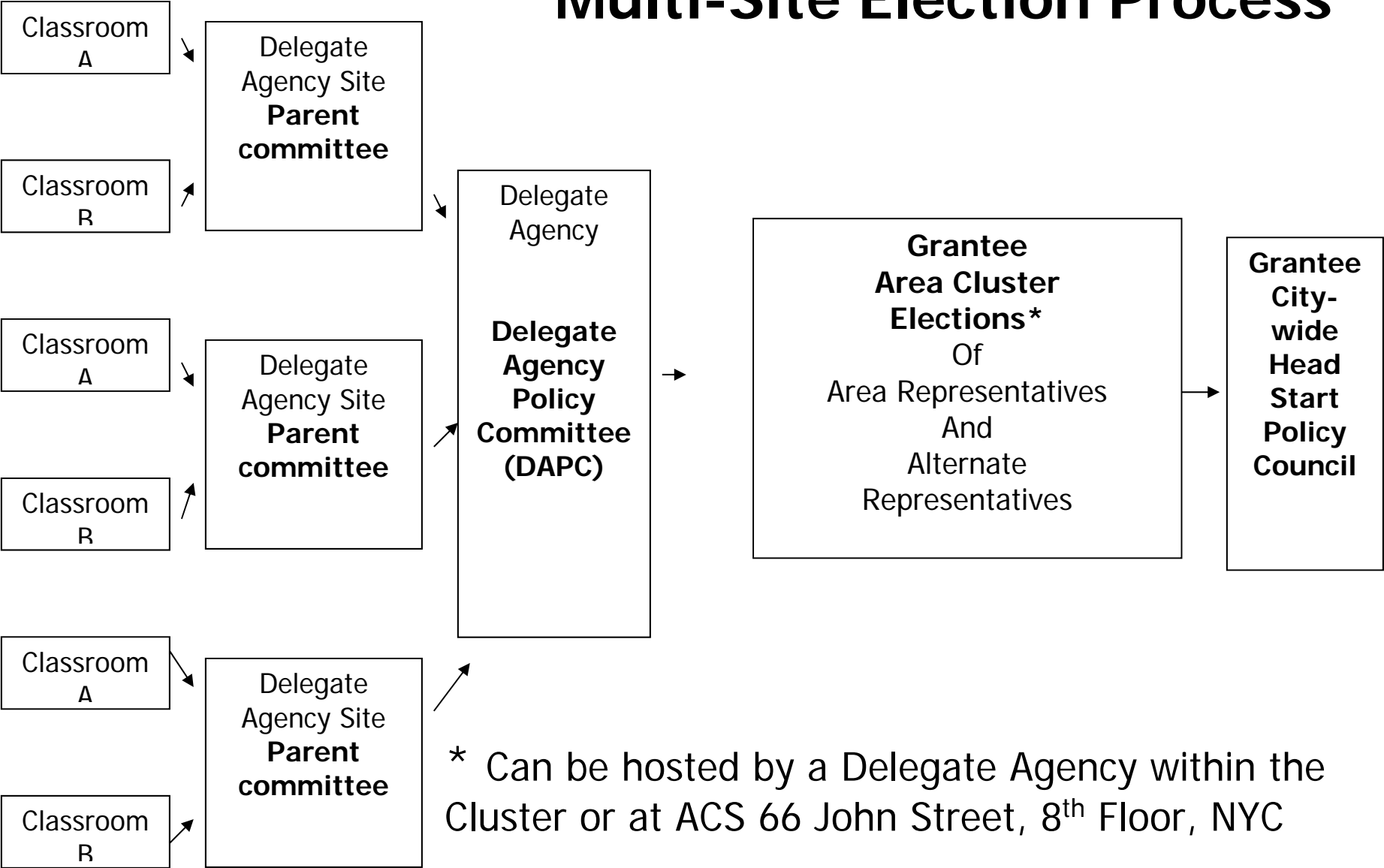
Date _____

Appendix A



Appendix B

Multi-Site Election Process





APPENDIX C

NYC ACS Division of Early Care and Education Parent Election Chart Guidelines



This tool is designed for delegate agencies to use as a simplified means of recording and submitting the details of center and delegate agency level Policy Committee elections to the grantee. It may also be used for classroom elections.

Identifying Data:

Staff members need to be assigned to complete the Election Chart, take minutes, and record on a wall chart. List delegate agency name and center site conducting election, specifying whether center or delegate agency election. Complete all information in the Heading. State the date of election, number of representatives in attendance and number of proxy letters from parents placing themselves in nomination used as part of the election procedure.

Nominees:

- List the name of the nominee and the person nominating for each office. Place “D” in parentheses beside name if the nominee declines.
- A nominee cannot make a nomination or vote for a candidate in the same position, without first declining his/her own nomination. Nominations may come from the parents present, or parent candidates can nominate themselves. Parents can also accept a proxy nomination. A **proxy letter** from a parent requesting their name to be placed in nomination for a specific office is allowed. However, a **proxy vote** is **not** allowed.

Motion/Second:

- List the names of the persons making the motion to close and second. *Neither can be a current nominee.* Make sure none of the motions are made by candidates in that office.
- The motion to close should be heard after all the nominees in the position are nominated.
- Check simply whether the motion passed or not.

Candidate Introductions: Ask candidates if they wish to state why they wish to be elected to the DAPC. When finished, escort candidates away from voting area so that the remainder of the committee can vote for the candidates of their choice.

Votes:

- State the number of votes each nominee received in the voting column and the number of voting members present at the time the vote for that position is cast in the last column. The total number of votes for all candidates and “abstentions” should add up to the number of voting members present. Remember to clearly identify voting members from other people in the room to avoid voting confusion. When there is a tie vote, then the procedure should follow bylaws policies. In most cases, the Chairperson is elected as the tie breaker, which means the **Chairperson does not nominate or cast a vote for other officers after being elected.** When the Chairperson is **not** designated as the tie breaker, then another vote for the position must be taken.
- ***Remember only one vote per family.***

Additional Motions and Decisions:

- Based on Bylaws – i.e., next highest votes becomes chairperson
- Voting Decisions – open or closed ballot
- Asking the Chairperson to conduct the remainder of the election



APPENDIX D
 NYC ACS Division of ECE
 Head Start & Dually Eligible Programs
 2018-2019 Parent Elections Timetable



Recommended Date(s)	Activity	Forms
September 21, 2018	Conduct Parent Orientation	
October 5, 2018	Complete Parent Elections	F-4, F-4A, F-5
November 9, 2018	Conduct DASPC Elections	F-6, F-7, F-8, F-9
December 7, 2018	Conduct DAPC Election	F-3, F-7, F-9, F-10, F-12, F-13

SUBMIT ONLY THE FOLLOWING ELECTION DOCUMENTATION TO ACS

Email address: HSDAPC@ACS.NYC.GOV

Due Date(s)	Document/Form(s)	Form(s)
August 24 th – September 7 th	Copy of the current, approved, signed and dated DAPC By-Laws, Parent Activity Fund Attestation	
	DAPC Planning Form	F-1
	Governance Attestation	F-2
	Governance Structure Worksheet	F-2A
	Parent Activity Funds Guidelines Attestation	F-2B
October 12 th	Class Election Summary	F-5
November 16 th	<ul style="list-style-type: none"> • DASPC Representatives Form • DASPC Election Attendance Sheet • DASPC Election Report Form and the DASPC Election Chart (Multi-site only) 	F-6, F-7, F-8, F-9
December 7 th	<ul style="list-style-type: none"> • Submit DAPC Election Attendance Sheet • DAPC Election Charts • DAPC Membership Form • Certification Form • Signed Official Roster of DAPC Officers and Members • Area Representative Candidate Eligibility Form 	F-3, F-7, F-9, F-10, F-12, F-13

GRANTEE AREA REPRESENTATIVES CLUSTER ELECTIONS

ACS Deadline for Cluster (Area Representative) Elections
 1-25-19

Please Note: Meeting deadlines will secure a positive VENDEX Timeliness Score for you in this program area.