

Name of Delegate Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_

# New York City Administration for Children’s Services

# Division of Early Care and Education

## Parent Election Chart

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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office | **Nominee** | Nominated By | Declined | **Motion**  **to Close**  **Nominations** | **Seconded** By | **Motion**  **Passed** | | Number  **of**  **Votes** | **Number of Reps**  **Present** |
| **Yes** | **No** |
| Chairperson |  |  |  |  |  |  |  |  |  |
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| Vice  Chairperson |  |  |  |  |  |  |  |  |  |
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| Secretary |  |  |  |  |  |  |  |  |  |
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Name of Delegate Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 |  |  |  |  |  |  |  |  |  |
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| Chairperson of Personnel Practices Committee |  |  |  |  |  |  |  |  |  |
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| Chairperson of Grievance Committee |  |  |  |  |  |  |  |  |  |
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| Chairperson of By-laws Committee |  |  |  |  |  |  |  |  |  |
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FOR DASPC & DAPC ELECTION

DA DIRECTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT ELECTION COORDINATOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

ELECTED DASPC or DAPC CHAIRPERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STAFF DA MONITOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Delegate Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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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