

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

Meeting Date: February 27, 2007

Department: Community Services

Advisory Board Name: Head Start/Early Head Start Policy Council

I. EXECUTIVE BRIEF

Staff recommends motion to approve: appointment of the following Parent Representatives to the Head Start/Early Head Start Policy Council for a term of three (3) years or less, as indicated on the attached Board Appointment Information Form, effective February 27, 2007.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER

(R) = Representative

(A) = Alternate

<u>Seat ID #</u> 10	<u>Boynton Beach</u> Stephanie Taylor (R) Tracy Saunders (A) Yves Oscar (A)	<u>Seat ID #</u> 11	<u>Jupiter</u> Cristina Martinez (R) Dina Albizures (A) Benett Barrios (A)
<u>Seat ID #</u> 12	<u>South Bay</u> Nancy Ramos (R) Albert Dowdell (A)	<u>Seat ID #</u> 13	<u>Palm Glades</u> Yolanda Warren (R)
<u>Seat ID #</u> 14	<u>Delray Beach HS</u> Nadleen Seraphin (R) Gloria Bostwick (A)	<u>Seat ID #</u> 15	<u>Pahokee</u> Sirleana Nobles (R) Tina Vann (A) Orde Brown (A)
<u>Seat ID #</u> 16	<u>Westgate</u> Clairasena Myrick (R) Blondsha Harris (A)	<u>Seat ID #</u> 17	<u>Lake Worth</u> Andrea Poitier (R) Nakia Harp (A)
<u>Seat ID #</u> 18	<u>Riviera Beach</u> Kenneth Higgins (R) Tenisha Easter (A) James Mims, Sr. (A)	<u>Seat ID #</u> 19	<u>West Palm Beach</u> Sharon Watson Grant (R) Katherine King (A)
<u>Seat ID #</u> 20	<u>Union Baptist</u> Jovonne White (R) Annamaria Persad Ali (A)	<u>Seat ID #</u> 21	<u>Delray Beach EHS</u> Danielle Clay (R) James Stewart (A)
<u>Seat ID #</u> 22	<u>Easter Seals</u> Lesley Ann Henry (R) Marshella King (A)	<u>Seat ID #</u> 23	<u>Family Child Care Home</u> Venita Mills (R)
<u>Seat ID #</u> 24	<u>Home Base, EHS</u> None (R)	<u>Seat ID #</u> 25	<u>Apostolic CAGE</u> Michael Paul Smith (R) Chris Lambert (A) Cicely Hines (A)
<u>Seat ID #</u> 26	<u>Apostolic CDC, Inc.</u> Tracy Davis (R)	<u>Seat ID #</u> 27	<u>A Step Above</u> Marie Jose Padovany (R) Danielle S. Herbert (A)
<u>Seat ID #</u> 28	<u>Emmanuel</u> Charlene Alonso (R)	<u>Seat ID #</u> 29	<u>King's Kids</u> Crystal Dalrymple (R)
<u>Seat ID #</u> 30	<u>My First Steps</u> Kerline Salomon (R) Carmen Torres (A)	<u>Seat ID #</u> 31	<u>San Castle</u> Juliet Murdock (R) Eida Molina (A)
<u>Seat ID #</u> 32	<u>South Bay, EHS</u> Nedia Ramos (R) Dionne Tolbert (A)		

Summary: (cont'd on Page 3)

Background and Justification: (cont'd on Page 3)

Attachments: Board Appointment Information Forms

Recommended by:  2-12-2007
Department Director Date

Legal Sufficiency:  2-15-07
Assistant County Attorney Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

**(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)
REVISED 010/02**

Summary: The term of appointment for parent representatives and alternates to the Head Start Policy Council is three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the Head Start program. The Head Start Policy Council approved the members at its September 27, 2006 meeting. There was a delay in presenting this item to the BCC due to members leaving the council for various reasons and to allow newly incorporated contracted agencies to seek parent representation for the council. (Head Start) Countywide (TKF)

Background and Justification: The authority for the Head Start/Early Head Start Policy Council is provided in Resolution R2006-1878. The Council responsibilities include establishing a method of hearing and resolving community complaints about the HS/EHS program, conducting self-evaluations, identifying child development needs, ensuring that space, equipment and supplies are acquired as needed, they may also be consulted on the directive given to HS/EHS staff in day-to-day operations. Membership currently consists of 33 HS/EHS parents.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Boynton Beach Seat # 10

**Reappointment or New Appointment

or to complete the term of Tracy Saunders

due to: resignation other As a New Representative

completion of term to expire on: 09/26/2009

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Stephanie Taylor

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 815 W. Boynton Beach Blvd. Apt. 9-104

City & State: Boynton Beach, FL Zip Code: 33426

Home Phone: (561) 350-4325 & 702-8601 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 2 years. From 02 / 27 / 07 To 9 / 26 / 09

Seat Requirement: Alternate - Boynton Beach Seat # 10 - A

[X]**Reappointment or [] New Appointment

or [] to complete the term of

due to: [] resignation [X] other Continue her term as an Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tracy Saunders

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 7500 Sand Castle Blvd.

City & State: Boynton Beach, FL Zip Code: 33462

Home Phone: N/A Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Same As Above

Minority Identification Code:

[] IF (American Indian Female)	[] IM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[X] BF (Black Female)	[] BM (Black Male)
[] HF (Hispanic Female)	[] HM (Hispanic Male)
[] WF (White Female)	[] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

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 Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Boynton Beach Seat # 10 - B

[] **Reappointment or [X] New Appointment

or [X] to complete the term of Torlande Saintizaire

due to: [X] resignation [X] other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Yves Oscar

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 10154 Boynton Place Circle

City & State: Boynton Beach, FL Zip Code: 33437

Home Phone: (561) 732 - 6964 & 201-1916 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Same as above

Minority Identification Code:

[] JIF (American Indian Female)	[] JIM (American Indian Male)
[] JAF (Asian Female)	[] JAM (Asian Male)
[] JBF (Black Female)	[X] JBM (Black Male)
[] JHF (Hispanic Female)	[] JHM (Hispanic Male)
[] JWF (White Female)	[] JWM (White Male)

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 Number of previously disclosed voting conflicts.

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Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
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Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02/27/07 To 9/26/2009

Seat Requirement: Representative - Jupiter Seat # 11

**Reappointment or New Appointment

or to complete the term of Silvia Nava

due to: resignation other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Cristina Martinez

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1101 Military Trail # 147

City & State: Jupiter, FL Zip Code: 33458

Home Phone: (561) 346-2503 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input checked="" type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

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Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02/27/07 To 9/26/2009

Seat Requirement: Alternate - Jupiter Seat # 11-A

[] **Reappointment or [X] New Appointment

or [X] to complete the term of Carlos Nava

due to: [X] resignation [X] other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dina Albizures

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 125 7th Street

City & State: Jupiter, FL Zip Code: 33458

Home Phone: (561) 281 - 6279 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See above

Minority Identification Code:

[] IF (American Indian Female)	[] IM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[] BF (Black Female)	[] BM (Black Male)
[X] HF (Hispanic Female)	[] HM (Hispanic Male)
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Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

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Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement Alternate - Jupiter Seat # 11 - B

[] **Reappointment or [X] New Appointment

or [X] to complete the term of Roseline Dominique

due to: [X] resignation [] other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Benett Barrios

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 17965 Thelma Avenue #G

City & State: Jupiter, Florida Zip Code: 33458

Home Phone: (561) 262 - 8414 Business Phone:

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] JIF (American Indian Female) [] JIM (American Indian Male)
[] JAF (Asian Female) [] JAM (Asian Male)
[] JBF (Black Female) [] JBM (Black Male)
[X] JHF (Hispanic Female) [] JHM (Hispanic Male)
[] JWF (White Female) [] JWM (White Male)

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BOARD OF COUNTY COMMISSION
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Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - South Bay Seat # 12

[] **Reappointment or [X] New Appointment

or [] to complete the term of Virginia Powell

due to: [X] resignation [X] other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nancy Ramos

Occupation/Affiliation Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code:

Residence Address: 950 Old US Highway 27 N/B-15

City & State: South Bay, FL Zip Code: 33493

Home Phone: (561) 261-3912 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See above

Minority Identification Code:

[] IF (American Indian Female)	[] IM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[] BF (Black Female)	[] BM (Black Male)
[X] HF (Hispanic Female)	[] HM (Hispanic Male)
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**PALM BEACH COUNTY
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Part I:

Board Name: Head Start / Early Head Start Policy Council
 At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - South Bay HS Seat # 12 - A

**Reappointment or New Appointment

or to complete the term of Jarquette Cumberbatch

due to: resignation other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Albert Dowdell

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code

Residence Address: 781 NE 1st Street

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 996-9617 or (561) 985-3081 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input type="checkbox"/> JBF (Black Female)	<input checked="" type="checkbox"/> JBM (Black Male)
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**PALM BEACH COUNTY
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Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Palm Glades Seat # 13
[] **Reappointment or [X] New Appointment

or [X] to complete the term of Jessica Ramirez

due to: [X] resignation [X] other As a Mew Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Yolanda Warren

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 11 Roosevelt Street

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 993-0339 Cell: (561) 985-1961 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

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[] JAF (Asian Female)	[] JAM (Asian Male)
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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 2 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Delray Beach, HS Seat # 14

[X]**Reappointment or [] New Appointment

or [X] to complete the term of Nykia Taylor

due to: [X]resignation []other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nadleen Seraphin

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code:

Residence Address: 3091 Ocean Parkway

City & State: Boynton Beach, FL Zip Code: 33435

Home Phone: (561) 860-2630 Business Phone:

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[]IF (American Indian Female)	[]IM (American Indian Male)
[]AF (Asian Female)	[]AM (Asian Male)
[X]BF (Black Female)	[]BM (Black Male)
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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Delray Beach, HS Seat # 14 - A
[] **Reappointment or [X] New Appointment

or [] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Gloria Bostwick

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 611 Davis Road

City & State: Delray Beach, FL Zip Code: 33445

Home Phone: (561) 577-9770 or (561) 255-2597 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] JIF (American Indian Female)	[] JIM (American Indian Male)
[] JAF (Asian Female)	[] JAM (Asian Male)
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Board Name: Head Start / Early Head Start Policy Council
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Term of Appointment: 3 years. From 02/27/07 To 9/26/2009

Seat Requirement: Representative - Pahokee Seat # 15
[] **Reappointment or [X] New Appointment

or [X] to complete the term of Brenda Walker

due to: [X] resignation [X] other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sirleana Noble

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1583 Singletary Avenue

City & State: Pahokee, Fl Zip Code: 33476

Home Phone: (561) 924 - 6990 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Minority Identification Code:

[] IF (American Indian Female)	[] AIM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[X] BF (Black Female)	[] BM (Black Male)
[] HF (Hispanic Female)	[] HM (Hispanic Male)
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**PALM BEACH COUNTY
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Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 07/27/07 To 9/26/2009

Seat Requirement: Alternate - Pahokee Seat # 15 - A
[] **Reappointment or [X] New Appointment

or [X] to complete the term of Snowie Austin

due to: [X] resignation [X] other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tina Vann

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 38592 4th Street

City & State: Canal Point, FL Zip Code: 33438

Home Phone: (561) 261-5883 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

- | | |
|---------------------------------|--------------------------------|
| [] IF (American Indian Female) | [] AIM (American Indian Male) |
| [] AF (Asian Female) | [] AM (Asian Male) |
| [] BF (Black Female) | [] BM (Black Male) |
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Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Pahokee Seat # 15 - B
[] **Reappointment or [X] New Appointment

or [] to complete the term of

Due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Orde Brown

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 690 Waddell Way

City & State: Pahokee, FL Zip Code 33476: 33476

Home Phone: (561) 924-3550 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] JIF (American Indian Female)	[] AIM (American Indian Male)
[] JAF (Asian Female)	[] JAM (Asian Male)
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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Westgate Seat # 16
[] **Reappointment or [X] New Appointment

or [] to complete the term of Shaketa Brown

due to: [X] resignation [X] other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Clairasena Myrick

Occupation/Affiliation: Security Guard

Business Name: Allied Barton Security

Business Address: 5114 Okeechobee Blvd. Suite 202

City & State: West Palm Beach, FL Zip Code: 33417

Residence Address: 2326 Schall Circle

City & State: West Palm Beach Zip Code: 33417

Home Phone: (561) 586-1108 Business Phone: (561) 688-5757

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] IF (American Indian Female)	[] AIM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[X] BF (Black Female)	[] BM (Black Male)
[] HF (Hispanic Female)	[] HM (Hispanic Male)
[] WF (White Female)	[] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Stat / Early Head Start Policy Council
 At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Westgate Seat # 16 -A

**Reappointment or New Appointment

or to complete the term of Felisha Knight

due to: resignation other As an New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Blondsha Harris

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 4357 Melaleuca Trail

City & State: West Palm Beach, FL Zip Code: 33406

Home Phone: (561) 963-3537 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Lake Worth Seat # 17

**Reappointment or New Appointment

or to complete the term of Jennifer Digelio

due to: resignation other Become A Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Andrea Poitier

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1691 N. Seacres Blvd.

City & State: Boynton Beach, FL Zip Code: 33435

Home Phone: (561) 856-8801 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

<input type="checkbox"/> IF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> AF (Asian Female)	<input type="checkbox"/> AM (Asian Male)
<input checked="" type="checkbox"/> BF (Black Female)	<input type="checkbox"/> BM (Black Male)
<input type="checkbox"/> HF (Hispanic Female)	<input type="checkbox"/> HM (Hispanic Male)
<input type="checkbox"/> WF (White Female)	<input type="checkbox"/> WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Lake Worth Seat # 17 -A

[] **Reappointment or [X] New Appointment

or [X] to complete the term of Andrea Poitier

due to: [X] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nakia Harp

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code: N/A

Residence Address: 6472 Seminole Circle

City & State: Lantana, FL Zip Code: 33462

Home Phone: (561) 649-4296 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Minority Identification Code:

[] JIF (American Indian Female) [] JIM (American Indian Male)
[] JAF (Asian Female) [] JAM (Asian Male)
[X] JBF (Black Female) [] JBM (Black Male)
[] JHF (Hispanic Female) [] JHM (Hispanic Male)
[] JWF (White Female) [] JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 1 years. From 09 / 27 / 06 To 9 / 26 / 07

Seat Requirement: Representative - Riviera Beach Seat # 18

**Reappointment or New Appointment

or to complete the term of

due to: resignation other As a Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Kenneth Higgins

Occupation/Affiliation : Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1581 13th Street

City & State: Riviera Beach, FL Zip Code 33404

Home Phone: (561) 845-7732 or (561) 667-9322 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|--|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input checked="" type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Riviera Beach Seat # 18-A
[] **Reappointment or [X] New Appointment

or [] on complete the term of Tieya Kingdom

due to: [X] resignation [X] other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tenisha Easter

Occupation/Affiliation: Unknown

Business Name N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: P.O. Box 10093

City & State: Riviera Beach, Fl Zip Code: 33419

Home Phone: (561) 584-1530 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] IF (American Indian Female) [] IM (American Indian Male)
[] AF (Asian Female) [] AM (Asian Male)
[X] BF (Black Female) [] BM (Black Male)
[] HF (Hispanic Female) [] HM (Hispanic Male)
[] WF (White Female) [] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Riviera Beach Seat # 18 -B

**Reappointment or New Appointment

or to complete the term of Shu'Karrie Washington

due to: resignation other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: James Mims, Sr.

Occupation/Affiliation: Unknown

Business Name N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 3508 Avenue S.

City & State: Riviera Beach, Fl Zip Code: 334 04

Home Phone: (561) 667-0208 Business Phone: (561)

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

<input type="checkbox"/> IF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> AF (Asian Female)	<input type="checkbox"/> AM (Asian Male)
<input type="checkbox"/> BF (Black Female)	<input checked="" type="checkbox"/> BM (Black Male)
<input type="checkbox"/> HF (Hispanic Female)	<input type="checkbox"/> HM (Hispanic Male)
<input type="checkbox"/> WF (White Female)	<input type="checkbox"/> WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 09 / 26 / 2009

Seat Requirement: Representative - West Palm Beach Seat # 19
[] **Reappointment or [X] New Appointment

or [X] to complete the term of Norlaie Nunez

due to: [X] resignation [X] other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sharon Watson Grant

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1009 Imperial Lake Road

City & State: West Palm Beach, Zip Code: 33413

Home Phone: (561) 236-5160 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] JIF (American Indian Female)	[] AIM (American Indian Male)
[] JAF (Asian Female)	[] JAM (Asian Male)
[X] JBF (Black Female)	[] JBM (Black Male)
[] JHF (Hispanic Female)	[] JHM (Hispanic Male)
[] JWF (White Female)	[] JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
 At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement Alternate - West Palm Beach Seat # 19 - A
 **Reappointment or New Appointment

or to complete the term of Claudia M. Johnson

due to: resignation other As an Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Katherine King

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 5540 North Haverhill Road Apt. 91

City & State: West Palm Beach, FL Zip Code: 33401

Home Phone: 561- 640-0229 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

<input type="checkbox"/> IF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> AF (Asian Female)	<input type="checkbox"/> AM (Asian Male)
<input checked="" type="checkbox"/> BF (Black Female)	<input type="checkbox"/> BM (Black Male)
<input type="checkbox"/> HF (Hispanic Female)	<input type="checkbox"/> HM (Hispanic Male)
<input type="checkbox"/> WF (White Female)	<input type="checkbox"/> WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Union Baptist, HS Seat # 20

[] **Reappointment or [X] New Appointment

or [X] to complete the term of Bondretta Davis

due to: [X] resignation [X] other As an New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jovonne White

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code

Residence Address: 4829 Bimini Circle

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 471-0091 or (561) 574-4652 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] IF (American Indian Female)	[] IM (American Indian Male)
[] AF (Asian Female)	[] AM (Asian Male)
[X] BF (Black Female)	[] BM (Black Male)
[] HF (Hispanic Female)	[] HM (Hispanic Male)
[] WF (White Female)	[] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Union Baptiste, HS Seat # 20 - A

**Reappointment or New Appointment

or to complete the term of Fradley Joseph

due to: resignation other As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Annamaria Persad Ali

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code

Residence Address: 719 49th Street

City & State: West Palm Beach Zip Code: 33407

Home Phone: (561) 845-8585 or (561) 502-1493 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input type="checkbox"/> JBF (Black Female)	<input type="checkbox"/> JBM (Black Male)
<input checked="" type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Delray Beach EHS Seat # 21

**Reappointment or New Appointment

or to complete the term of Nadleen Seraphin

due to: resignation other Transfer to HS Delray

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Danielle Clay

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 234 NW 7th Avenue

City & State: Delray Beach, FL Zip Code: 33444

Home Phone: (561) 577-5375 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
 At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Delray Beach, EHS Seat # 21 - A

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: James Stewart

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 630 SW 6th Avenue

City & State: Delray Beach, FL Zip Code: 33444

Home Phone: (561) 272-2352 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input type="checkbox"/> JBF (Black Female)	<input checked="" type="checkbox"/> JBM (Black Male)
<input type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Easter Seals Seat # 22

**Reappointment or New Appointment

or to complete the term of Sumya Abbas

due to: resignation other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Lesley Ann Henry

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 225 Laken Drive

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 881-8165 or (561) 282-8315 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input checked="" type="checkbox"/> JBF (Black Female)	<input type="checkbox"/> JBM (Black Male)
<input type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: _____ **Head Start / Early Head Start Policy Council**

At Large Appointment or District Appointment

Term of Appointment: _____ 3 _____ years. From _____ 02 / 27 / 07 _____ To _____ 9 / 26 / 2009

Seat Requirement: _____ Alternate - Easter Seals _____ Seat # _____ 22 - A

**Reappointment or New Appointment

or to complete the term of _____ Nadine Burke

due to: resignation other _____ As a New Alternate

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: _____ Marshella King

Occupation/Affiliation: _____ Unemployed

Business Name: _____ N/A

Business Address: _____ N/A

City & State: _____ N/A _____ Zip Code: _____ N/A

Residence Address: _____ 906 2nd Street Apt. #7

City & State: _____ West Palm Beach, FL _____ Zip Code: _____ 33401

Home Phone: _____ (561) 502-6850 _____ Business Phone: _____ N/A

Mailing Address preference: Business Address Residence Other or other:

_____ See above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____ February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

____ Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Family Child Care Home Seat # 23

**Reappointment or New Appointment

or to complete the term of Mervin Carey

due to: resignation other As a New Representative

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Venita Mills

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: Post Office Box "2750" 1412 Palm Glades Drive

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 261-0437 or (561) 996-6923 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input checked="" type="checkbox"/> JBF (Black Female)	<input type="checkbox"/> JBM (Black Male)
<input type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Apostolic CAGE Seat # 25

[] **Reappointment or [X] New Appointment

or [X] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Michael Paul Smith

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 604 21st Street Apt. C.

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 623 - 3975 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Same as above

Minority Identification Code:

[] IIF (American Indian Female) [] IM (American Indian Male)
[] JAF (Asian Female) [] JAM (Asian Male)
[] JBF (Black Female) [X] JBM (Black Male)
[] JHF (Hispanic Female) [] JHM (Hispanic Male)
[] JWF (White Female) [] JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Apostolic CAGE Seat # 25 - A

[] **Reappointment or [X] New Appointment

or [] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Chris Lamber

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 850 Martin Luther King Blvd.

City & State: Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 201-5058 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Same as above

Minority Identification Code:

[] JIF (American Indian Female) [] JIM (American Indian Male)
[] JAF (Asian Female) [] JAM (Asian Male)
[] JBF (Black Female) [X] JBM (Black Male)
[] JHF (Hispanic Female) [] JHM (Hispanic Male)
[] JWF (White Female) [] JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - Apostolic CAGE Seat # 25 - B

[] **Reappointment or [X] New Appointment

or [] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Cicely Hines

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1004 Palm Beach Lakes Blvd.

City & State: West Palm Beach, FL Zip Code: 33401

Home Phone: (561) 294 -6271 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

Same as above

Minority Identification Code:

[] IF (American Indian Female) [] IM (American Indian Male)
[] AF (Asian Female) [] AM (Asian Male)
[X] BF (Black Female) [] BM (Black Male)
[] HF (Hispanic Female) [] HM (Hispanic Male)
[] WF (White Female) [] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02/27/07 To 9/26/2009

Seat Requirement: Representative - Apostolic CDC, Inc. Seat # 26

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tracy Davis

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 100 Wedgewood Plaza Apt. 113

City & State: Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 640 - 0576 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Same as above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input checked="" type="checkbox"/> JBF (Black Female)	<input type="checkbox"/> JBM (Black Male)
<input type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - A Step Above Seat # 27

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Marie Jose Padovany

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 802 S. Broughton Circle

City & State: Boynton Beach, FL Zip Code: 33436

Home Phone: (561 503 - 8346) Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Same as above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - A Step Above Seat # 27 - A

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Danielle S. Herbert

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1211 Meadows Circle

City & State: Boynton Beach, FL Zip Code: 33436

Home Phone: (561) 214 - 0127 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Same as above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Representative - Emmanuel Seat # 28

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Charlene Alonso

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1089 Drexel Road

City & State: West Palm Beach, FL Zip Code: 33417

Home Phone: (561) 686-7683 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input checked="" type="checkbox"/> JBF (Black Female)	<input type="checkbox"/> JBM (Black Male)
<input type="checkbox"/> JHF (Hispanic Female)	<input type="checkbox"/> JHM (Hispanic Male)
<input type="checkbox"/> JWF (White Female)	<input type="checkbox"/> JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BOCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: _____ **Head Start / Early Head Start Policy Council**

At Large Appointment or District Appointment

Term of Appointment: _____ 3 _____ years. From _____ 02 / 27 / 07 _____ To _____ 9 / 26 / 2009

Seat Requirement: _____ Representative - King's Kids _____ Seat # _____ 29

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: _____ Crystal Dalrymple

Occupation/Affiliation: _____ Unknown

Business Name: _____ N/A

Business Address: _____ N/A

City & State: _____ N/A _____ Zip Code: _____ N/A

Residence Address: _____ 5111 Caribbean Blvd. # 214

City & State: _____ West Palm Beach, FL _____ Zip Code: _____ 33407

Home Phone: _____ (561) 315-3497 or (561) 848-1069 _____ Business Phone: _____ N/A

Mailing Address preference: Business Address Residence Other or other:

_____ See above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____ February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 07/27/07 To 9/26/2009

Seat Requirement: Representative - My First Steps Seat # 30

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Kerline Salomon

Occupation/Affiliation: Student

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 4754 Elmhurst Road Apt. 5

City & State: West Palm Beach, FL Zip Code: 33417

Home Phone: (561) 667-7304 Business Phone:

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> AF (Asian Female)	<input type="checkbox"/> AM (Asian Male)
<input checked="" type="checkbox"/> BF (Black Female)	<input type="checkbox"/> BM (Black Male)
<input type="checkbox"/> HF (Hispanic Female)	<input type="checkbox"/> HM (Hispanic Male)
<input type="checkbox"/> WF (White Female)	<input type="checkbox"/> WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - My First Steps Seat # 30 - A

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Carmen Torres

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 628 Fairfax

City & State: West Palm Beach, FL Zip Code: 33405

Home Phone: (561) 804-9120 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
| <input checked="" type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input type="checkbox"/> WF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 2 years. From 02 / 27 / 07 To 9 / 26 / 08

Seat Requirement: Representative - San Castle Seat # 31

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Juliet Murdock

Occupation/Affiliation : Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 3 Corrie Place

City & State: Boynton Beach, FL Zip Code 33426

Home Phone: (561) 439-6715 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - San Castle Seat # 31 - A

[] **Reappointment or [X] New Appointment

or [] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Elda Molina

Occupation/Affiliation: Unknown

Business Name N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1112 South Ridge Road

City & State: Lantana, Fl Zip Code: 33462

Home Phone: (561) 201-1427 Business Phone: N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] IF (American Indian Female) [] IM (American Indian Male)
[] AF (Asian Female) [] AM (Asian Male)
[] BF (Black Female) [] BM (Black Male)
[X] HF (Hispanic Female) [] HM (Hispanic Male)
[] WF (White Female) [] WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start / Early Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - South Bay EHS Seat # 32

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nedia Ramos

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code

Residence Address: 990 US 27th North Lot B-3

City & State: South Bay, FL Zip Code: 33493

Home Phone: (561) 261-3919 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input checked="" type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

 Number of previously disclosed voting conflicts.

Signature: _____

Date:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: _____ Head Start / Early Head Start Policy Council
[X] At Large Appointment or [] District Appointment

Term of Appointment: 3 years. From 02 / 27 / 07 To 9 / 26 / 2009

Seat Requirement: Alternate - South Bay EHS Seat # 32 - A

[] **Reappointment or [X] New Appointment

or [] to complete the term of

due to: [] resignation [] other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: _____ Dionne Tolbert

Occupation/Affiliation: _____ Unknown

Business Name: _____ N/A

Business Address: _____ N/A

City & State _____ N/A Zip Code

Residence Address: _____ 145 NW 16th Street

City & State: _____ Belle Glade, FL Zip Code: 33430

Home Phone: _____ (561) 993-9309 or (561) 261-4047 Business Phone: _____ N/A

Mailing Address preference: [] Business Address [X] Residence Other or [] other:

See Above

Minority Identification Code:

[] JIF (American Indian Female)	[] JIM (American Indian Male)
[] JAF (Asian Female)	[] JAM (Asian Male)
[X] JBF (Black Female)	[] JBM (Black Male)
[] JHF (Hispanic Female)	[] JHM (Hispanic Male)
[] JWF (White Female)	[] JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____ February 27, 2007

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: