

#### 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.

effective February 27, 2007. PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER (R) = Representative (A) = Alternate Seat ID # **Boynton Beach** Seat ID # <u>Jupiter</u> 10 Stephanie Taylor (R) Cristina Martinez (R) Tracy Saunders (A) Dina Albizures (A) Yves Oscar (A) Benett Barrios (A) Seat ID # South Bay Palm Glades Seat ID # <u>12</u> Nancy Ramos (R) Yolanda Warren (R) Albert Dowdell (A) **Delray Beach HS** Seat ID# Seat ID # <u>Pahokee</u> Nadleen Seraphin (R) Sirleana Nobles (R) Gloria Bostwick (A) Tina Vann (A) Orde Brown (A) Seat ID # Westgate Lake Worth Seat ID # Clairasena Myrick (R) Andrea Poitier (R) Blondsha Harris (A) Nakia Harp (A) Seat ID# Riviera Beach Seat ID # West Palm Beach 18 Kenneth Higgins (R) Sharon Watson Grant (R) Tenisha Easter (A) Katherine King (A) James Mims, Sr. (A) Seat ID # **Union Baptist** Delray Beach EHS Seat ID # 20 Jovonne White (R) Danielle Clay (R) Annamaria Persad Ali (A) James Stewart (A) Seat ID # Easter Seals Family Child Care Home Seat ID # 22 Lesley Ann Henry (R) Venita Mills (R) Marshella King (A) Seat ID # Home Base, EHS Seat ID # Apostolic CAGE None (R) 25 Michael Paul Smith (R) Chris Lambert (A) Cicely Hines (A) Seat ID# <u>Apostolic CDC, Inc.</u> Seat ID # A Step Above 26 Tracy Davis (R) Marie Jose Padovany (R) Danielle S. Herbert (A) Seat ID # **Emmanuel** King's Kids Seat ID # 28 Charlene Alonso (R) Crystal Dairymple (R) 29 Seat ID # My First Steps Seat ID # San Castle 30 Kerline Salomon (R) Juliet Murdock (R) Carmen Torres (A) Elda Molina (A) Seat ID # South Bay, EHS 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: 

Department Director Date

Legal Sufficiency: Assistant County Attorney

Date

#### II. REVIEW COMMENTS

A.	Other Department Review:
-	Department Director
	S SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

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, ensuing 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.

<u>Part I:</u>		
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 - Boynton Beach	Seat #	10
[ ]**Reappointment or [X] New Appointment		
or [X] to complete the term of <u>Tracy Saunders</u>		
due to: [ ] resignation [ X]other As a New Representative		
completion of term to expire on: <u>09/26/2009</u>		
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 Co	ode: <u>N/A</u>
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 [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:		
*When a person is being considered for re-appointment, the number and nature of prodisclosed voting conflicts shall be considered by the Board of County Commissioners.	eviousiy	
Number of previously disclosed voting conflicts.		

Date:\_\_\_\_

#### Part I:

Board Name: Head Start / Early Head Start Policy Co	<u>ouncil</u>	
[X] At Large Appointment or [ ] District Appointment		
Term of Appointment: 2 years. From 02/27/07 T	o <u>9/26/09</u>	
Seat Requirement: Alternate - Boynton Beach	Seat #	<u> 10 - A</u>
[X]**Reappointment or [] New Appointment	nt	
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 RESIDE	ENT	
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		
*When a person is being considered for re-appointment, the number and natu disclosed voting conflicts shall be considered by the Board of County Commis		
Number of previously disclosed voting conflicts.		
Signature:	Date:	

Part I: Head Start / Early Head Start Policy Council Board Name: [ ] District Appointment [X] At Large Appointment 9/26/2009 Seat # 10 - B Seat Requirement: Alternate - Boynton Beach [ ]\*\*Reappointment [X] New Appointment or [X] to complete the term of Torlande Saintizaire [X] resignation [X]other As a New Alternate completion of term to expire on: Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Yves Oscar Name: Occupation/Affiliation: Unknown Business Name:\_\_ N/A Business Address: N/A \_\_\_\_ Zip Code: <u>N/A</u> City & State:\_\_\_ N/A 10154 Boynton Place Circle Residence Address:\_\_\_\_ Zip Code: \_\_\_\_33437 City & State: Boynton Beach, FL 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:** [ ]IF (American Indian Female) [ ]IM (American Indian Male) (Asian Female) []AM (Asian Male) [ ]AF [X]BM (Black Male) (Black Female) [ ]BF ]HF (Hispanic Female) []HM (Hispanic Male) []WM (White Male) [ ]WF (White Female) **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.

Date:

Number of previously disclosed voting conflicts.

Board Name: Head Start /		Council	
[X] At Large Appointment or	[ ] District Appointment		
Term of Appointment: years. From	02 / 27 / 07	To	9 / 26 / 2009
Seat Requirement: Representative - Ju	ipiter	Se	eat #11
[]**Reappointment or	[ X] New Appoi	ntment	
or [X] to complete the term of Silvia Nava			
due to: [X] resignation [X] oth	ner As a New Representat	<u>ive</u>	
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, MU	UST BE A COUNTY RES	IDENT	
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:	<u>N/A</u>
Mailing Address preference: [] Business Address	[X] Residence Other or	[] other:	
See above			
Minority Identification Code:			
[ ]IF (American Indian Female) [ ]IM [ ]AF (Asian Female) [ ]AM	(American Indian Male) (Asian Male)		
[ ]BF (Black Female) [ ]BM	(Asian Male) (Black Male) (Hispanic Male)		
	(White Male)		
Part III: COMMISSIONER COMMENTS			
Appointment to be made at BCC Meeting on:	February 2	7, 2007	
*When a person is being considered for re-appoin	tment the number and n	ature of previous	elv
disclosed voting conflicts shall be considered by the			siy
Number of previously disclosed voting conflicts.			

Date:

Board Name: Head Start / Early Head Tart    [X] At Large Appointment or [ ] District Appointment	Policy Coun	<u>cil</u>	
[1,1]		0.136	/ 2000
Term of Appointment: 3 years. From 02/27/07			
Seat Requirement: Alternate - Jupiter	S	Seat #	11- A
[]**Reappointment or [X] New	Appointmen	t	
or [X] to complete the term of <u>Carlos Nava</u>			
due to: [X] resignation [X] other As a New Altern	<u>iate</u>		
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNT	Y RESIDEN	NT .	
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 7 <sup>th</sup> Street			
City & State: Jupiter, FL	· .	Zip Code:_	33458
Home Phone: (561) 281 - 6279	Business Ph	one:	N/A
Mailing Address preference: [] Business Address [X] Residence C	ther or [] of	her:	
See above			
Minority Identification Code:			
	Male)		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ X]HF (Hispanic Female) [ ]HM (Hispanic Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BM (Black Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ X]HF (Hispanic Female) [ ]HM (Hispanic Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]WF (White Female) [ ]WM (White Male)	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]WF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS			
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]WF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS	Male)		
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]WF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: February  *When a person is being considered for re-appointment, the number	ry 27, 2007 er and natur	e of previous oners.	l <b>y</b>
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]YHF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: February  *When a person is being considered for re-appointment, the number disclosed voting conflicts shall be considered by the Board of Country	ry 27, 2007 er and natur	e of previous oners.	l <b>y</b>
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]WF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: February  *When a person is being considered for re-appointment, the number	ry 27, 2007 er and natur	e of previous ioners.	ly
[ ]IF (American Indian Female) [ ]IM (American Indian [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]BF (Black Female) [ ]BM (Black Male) [ ]YHF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: February  *When a person is being considered for re-appointment, the number disclosed voting conflicts shall be considered by the Board of Country	ry 27, 2007 er and natur	e of previous oners.	ly

Board Name: Head Start / Early Head Start Policy C  [X] At Large Appointment or [ ] District Appointment	it			
Term of Appointment: 3 years. From 02 / 27 / 07	То_		9 / 26 / 2009	
		Seat #	<u>11 - B</u>	
	intment			
[] Keappointment				
or [X] to complete the term of <u>Roseline Dominique</u>	•			
due to: [X] resignation [] other As a New Alternate				
completion of term to expire on:				
The second secon	CIDENT			
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RE	SIDENI			
Name: Benett Barrios				
Occupation/Affiliation: Unknown				
Business Name: N/A				
Business Address: N/A				
City & State: N/A			Zip Code:	N
Residence Address: 17965 Thelma Avenue #G		7:	p Code:	134
City & State: Jupiter, Florida			p Code	, <u>, , , , , , , , , , , , , , , , , , </u>
Home Phone: (561) 262 - 8414	Business	Phone:		
Mailing Address preference: [] Business Address [X] Residence Other	or[] other:			
	or [] omer.			
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)				
[]WI (Winte Fendic)				
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 an	d nature of	previous	ly	
disclosed voting conflicts shall be considered by the Board of County Co	mmissioner	<b>.</b>		

Signature:\_\_

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 - South Bay Seat # 1	2
[]**Reappointment or [X] New Appointment	
[] icospponium	
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: Zip Code:	
Residence Address: 950 Old US Highway 27 N/B-15	
City & State: South Bay, FL Zip Code: 332	<u> 193</u>
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) [ ]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:	

Part 1:
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: Seat # 12 - Alternate - South Bay HS Seat # 12 - Alternate - South Bay HS
[]**Reappointment or [X] New Appointment
or [ ] to complete the term of Jarquette Cumberbatch
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: Albert Dowdell
Occupation/Affiliation: Unknown
Business Name: N/A
Business Address:N/A
City & StateZip Code
Residence Address: 781 NE 1st Street
City & State: Zip Code: 33430
Home Phone: (561) 996-9617 or (561) 985-3081 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) [X]BM (Black Male)
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)
[]WI (White remails)
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:\_

raiti.					
Board Name:	Head Start /	<b>Early Head Start Policy (</b>	<u>Council</u>		
[X] At Large Appointment	or	[ ] District Appointment			
Term of Appointment:3	years. From	02 / 27 / 07	To	9/26/2	2009
Seat Requirement:				_ Seat #	13
[]**Reappointment	or	[X] New Appoin	tment		
or [X] to complete the term of	Jessica Ramirez				
due to: [X]resignation	[X] oth	er_ As a Mew Representativ	<u>ve</u>		
completion of term to expire on:					
Part II: APPLICANT, UNLESS	S EXEMPTED, M	UST BE A COUNTY RES	IDENT		
Name:	Yolanda Wai	<u>rren</u>			
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A		<u> </u>	_Zip Code:_	N/A
Residence Address:	11 Roosevelt	Street			
City & State:	Belle Glade,	FL	Zip Code:_	33430	
Home Phone: (561) 9	93-0339 Cell	1: (561) 985-1961	Business Ph	one: N	<u>'A</u>
Mailing Address preference: []	Business Address	[X] Residence Other or	[] other:		
	See A	<u>bove</u>			
<b>Minority Identification Code:</b>					
		7.1.3613			
[ ]IF (American Indian Femal [ ]AF (Asian Female)	le) [ ]IM [ ]AM	(American Indian Male) (Asian Male)			
[X]BF (Black Female)	[ ]BM	(Black Male)			
[ ]HF (Hispanic Female)	[ ]HM			•	
[ ]WF (White Female)	[ ]WM	(White Male)			
Part III: COMMISSIONER C	COMMENTS				
Appointment to be made at BCC	Meeting on:	February 27, 2007			
*When a person is being consid disclosed voting conflicts shall	lered for re-appoi be considered by t	ntment, the number and n	nature of prev missioners.	viously	
Number of previously disclos	sed voting conflicts	3.			
O'construction of the construction of the cons			Da	te:	
Signature:			Da		

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
[A] Reappointment	
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	
- n 1 m	7in Code: 33435
City & State: Boynton Beach, FL	Zip Code: 33435
City & State: Boynton Beach, FL  Home Phone: (561) 860-2630	
	Business Phone:
Home Phone: (561) 860-2630	Business Phone:
Home Phone: (561) 860-2630  Mailing Address preference: [] Business Address [X] Residence Other or [] other	Business Phone:
Home Phone: (561) 860-2630  Mailing Address preference: [] Business Address [X] Residence Other or [] other	Business Phone:
Home Phone: (561) 860-2630  Mailing Address preference: [] Business Address [X] Residence Other or [] other  See Above	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) []HF (Hispanic Female) []HM (Hispanic Male)	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) [] HF (Hispanic Female) [] HM (Hispanic Male) [] WF (White Female) [] WM (White Male)	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) []HF (Hispanic Female) []HM (Hispanic Male) []WF (White Female) []WM (White Male)  Part III: COMMISSIONER COMMENTS	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) [] IHF (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	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) [] 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 disclosed voting conflicts shall be considered by the Board of County Commissioned.	Business Phone:

Part I:					
Board Name:	Head Start /	Early Head Star	t Policy Council	<u>.</u>	
[X] At Large Appointment or		[ ] District Appoin	ntment		
Term of Appointment:3 years.	From	02 / 27 / 07	To	9 / 26 /2009	2
Seat Requirement: Alternate -	- Delray Beac	h, HS		_ Seat #	<u> 14 - A</u>
[]**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 EX	EMPTED, MU	IST BE A COUNT	TY RESIDENT		
Name:	Gloria Bostwi	<u>ck</u>			
Occupation/Affiliation:	Unemployed				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A		· · · · · · · · · · · · · · · · · · ·	Zip Code:	N/A
Residence Address:	611 Davis Ro	<u>oad</u>			
City & State:	Delray Beach	, FL		Zip Code:	33445
Home Phone:	(561) 577-97	70 or (561) 255-2	2597	Business Ph	one: N/A
Mailing Address preference: [] Busi	iness Address	[X] Residence C	Other or [] other:		
	See Above				
Minority Identification Code:					
[ ]IF (American Indian Female)	[ ]IM	(American Indian	ı Male)		
[ ]AF (Asian Female)	[]AM	(Asian Male)			
[X]BF (Black Female) [ ]HF (Hispanic Female)	[ ]BM [ ]HM	(Black Male) (Hispanic Male)			
[ ]WF (White Female)	[]WM	(White Male)			
Part III: COMMISSIONER COM	MENTS				
Appointment to be made at BCC Meet	ting on:	February 27,	2007		
*When a person is being considered disclosed voting conflicts shall be co	for re-appoin	ntment, the numbers are Board of Coun	er and nature of ty Commissione	previously rs.	
Number of previously disclosed ve	oting conflicts.				
Signature:				Date:	

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		icy Council nent	
Seat Requirement: Representative - Pahokee []**Reappointment or [X] New Appointment or [X] New Appointment or [X] New Appointment or [X] to complete the term of			0.406.42000
or [X] to complete the term of			
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  City & State: N/A  City & State: Pahokee, Fl Zip Code: N/A  Mailing Address preference: [] Business Address [X] Residence Other or [] other:  Minority Identification Code:  [] IF (American Indian Female) [] AM (American Indian Male) [] AF (Asian Female) [] AM (Asian Male) [] AF (Asian Female) [] AM (Asian Male) [] AF (Hispanic Female) [] AM (Asian Male) [] HF (Hispanic Female) [] HM (Hispanic Male) [] HF (White 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.	Seat Requirement: Representative - Pahokee  [ ]**Reappointment or [X] New Ap	Seat #	<u>15</u>
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  City & State: N/A  City & State: Pahokee, Fl Zip Code: N/A  Residence Address: 1583 Singletary Avenue  City & State: Pahokee, Fl Zip Code: 33  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) []AF (Asian 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.	or [X] to complete the term of Brenda Walker		
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, FI Zip Code: 32  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) []AF (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.	due to: [X] resignation [X] other As a New Represer	ntative	
Name: Sirleana Noble Occupation/Affiliation: Unemployed Business Name: N/A Business Address: N/A City & State: N/A City & State: N/A City & State: N/A City & State: Pahokee, Fl Zip Code: N/A Residence Address: 1583 Singletary Avenue City & State: Pahokee, Fl Zip Code: 33 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) []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.	completion of term to expire on:		
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: 33  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) []AM (American Indian Male) []AF (Asian Female) []AM (Asian Male) []AF (Black Female) []BM (Black Male) []HF (Hispanic Female) []HM (Hispanic Male) []WF (White Female) []HM (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.	Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY I	RESIDENT	
Business Name:N/A  Business Address:N/A  City & State:N/A  City & State:N/A  Residence Address:1583 Singletary Avenue  City & State:Pahokee, FlZip Code:32  Home Phone:			
Business Address:	Occupation/Affiliation: Unemployed		
City & State:	Business Name: N/A		
Residence Address:	Business Address: N/A		
City & State:	City & State: N/A	Zip Code:_	N/A
Home Phone:	Residence Address: 1583 Singletary Avenue		
Mailing Address preference: [] Business Address [X] Residence Other or [] other:  Minority Identification Code:  [] IF (American Indian Female) [] AIM (American Indian Male) [] IAF (Asian Female) [] AM (Asian Male) [X] BF (Black Female) [] BM (Black Male) [] IHF (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.	City & State: Pahokee, Fl	Z	ip Code: 33
Mailing Address preference: [] Business Address [X] Residence Other or [] other:  Minority Identification Code:  [] IF (American Indian Female) [] AIM (American Indian Male) [] IAF (Asian Female) [] AM (Asian Male) [X] BF (Black Female) [] BM (Black Male) [] IHF (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.	Home Phone: (561) 924 - 6990	Business Phon	e:N/A
[ ]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.			
[]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.	Minority Identification Code:		
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.	[ ]AF(Asian Female)[ ]AM(Asian Male)[X]BF(Black Female)[ ]BM(Black Male)[ ]HF(Hispanic Female)[ ]HM(Hispanic Male)	ale)	
*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.	Part III: COMMISSIONER COMMENTS		
disclosed voting conflicts shall be considered by the Board of County Commissioners.			
Number of previously disclosed voting conflicts.	Appointment to be made at BCC Meeting on: February 27, 2007		
	*When a person is being considered for re-appointment, the number a	and nature of previo Commissioners.	usly
· · · · · · · · · · · · · · · · · · ·	*When a person is being considered for re-appointment, the number a disclosed voting conflicts shall be considered by the Board of County C	and nature of previo Commissioners.	usiy

Part I:		
Board Name: Head Start / Earl  [X] At Large Appointment or	y Head Start Policy Council  District Appointment	
Term of Appointment:3years. 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, MU	IST BE A COUNTY RESIDENT	
Name: Tina Vann		
Occupation/Affiliation: Unknown		
Business Name: N/A		
		Zip Code: N/A
City & State: N/A		Zip Code
Residence Address: 38592 4 <sup>th</sup> Stree	<u>t</u>	
City & State: Canal Point, FI		Zip Code: <u>33438</u>
Home Phone: (561) 261 -588	3	Business Phone: N/A
Mailing Address preference: [ ] Business Address	[X] Residence Other or [] other	• •
$\mathbf{s}$	ee Above	
Minority Identification Code:		
[ ]IF (American Indian Female) [ ]AIM [ ]AF (Asian Female) [ ]AM [ ]BF (Black Female) [ ]BM [ ]HF (Hispanic Female) [ ]HM [X]WF (White Female) [ ]WM	(American Indian Male) (Asian Male) (Black Male) (Hispanic Male) (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-appoin disclosed voting conflicts shall be considered by the	ntment, the number and nature one Board of County Commission	f previously ers.
Number of previously disclosed voting conflicts.		
Signature:	Date:	

Board Name: Head Start	/ Early Head Start	Policy Coun	<u>cil</u>		
[X] At Large Appointment or	[ ] District Appointn	nent			
Term of Appointment: 3 years. From	02 / 27 / 07	To	9/26/2	009	
Seat Requirement: Alternate - Pah	okee	Se	at #	<u> 15 - B</u>	
[]**Reappointment or	[X] New Ap	ppointment			
or [ ] to complete the term of					
Due to: [ ]resignation [ ]other					
completion of term to expire on:					
Part II: APPLICANT, UNLESS EXEMPTED, M	UST BE A COUNTY	RESIDENT			
Name: Orde Brown					
Occupation/Affiliation: Unknown					
Business Name: N/A					
Business Address: N/A					
City & State: N/A		<u> </u>	Zip C	Code:	<u>N/A</u>
Residence Address: 690 Waddell Way	!				
City & State: Pahokee, FL			Zip(	Code 33476:_	33476
Home Phone: (561) 924-3550		Busin	ess Phone:	N/A	
Mailing Address preference: [] Business Address	[X] Residence Oth	er or [] othe	er:		
	See Above				
Minority Identification Code:					
	(American Indian M	(ale)			
[]IF (American Indian Female) []AIM []AF (Asian Female) []AM	(Asian Male)	iuio)			
[X]BF (Black Female) []BM	(Black Male)				
[]HF (Hispanic Female) []HM []WF (White Female) []WM					
Part III: COMMISSIONER COMMENTS					
Appointment to be made at BCC Meeting on:	February 27, 2007				
*When a person is being considered for re-appoint disclosed voting conflicts shall be considered by	intment, the number the Board of County	and nature Commission	of previou ners.	sly	
Number of previously disclosed voting conflict	<b>S.</b>				

Part 1:	Head Start / Early Head Start Po	licy Council	
Board Name: [X] At Large Appointment or	[ ] District Appointmen	nt	
Term of Appointment:3 years.	From <u>02 / 27 / 07</u>	To9/26/	2009
		ointment	Seat #16
[]**Reappointment	or [X] New App	ointment	
or [ ] to complete the term of	Shaketa Brown		
due to: [X]resignation	[X]other As a New Representat	<u>ive</u>	
completion of term to expire on:			
Part II: APPLICANT, UNLESS EX	EMPTED, MUST BE A COUNTY R	ESIDENT	
Name:	Clairasena Myrick		
Occupation/Affiliation:	Security Guard		
Business Name:	Allied Barton Security		
Business Address:	5114 Okeechobee Blvd. Suite		
City & State:	West Palm Beach, FL	Zip Code	e: <u>33417</u>
Residence Address:			
City & State:	West Palm Beach	Zip Code:	33417
Home Phone:	( 561) 586-1108	Business Phone:	(561) 688-5757
Mailing Address preference: [] Bus	iness Address [X] Residence Other	or [] other:	
	See Above		
Minority Identification Code:			
[]IF (American Indian Female)	[]AIM (American Indian Ma	le)	
[]AF (Asian Female) [X]BF (Black Female)	[ ]AM (Asian Male) [ ]BM (Black Male)		
[X]BF (Black Female) []HF (Hispanic Female)	[]HM (Hispanic Male)		
[]WF (White Female)	[]WM (White Male)		
Part III: COMMISSIONER COM	MENTS		
Appointment to be made at BCC Mee	ting on:	February 27, 2007	
*When a person is being considered disclosed voting conflicts shall be co	l for re-appointment, the number an onsidered by the Board of County C	nd nature of previously ommissioners.	y
Number of previously disclosed vo	ting conflicts.		
		Date:	
Ciamatana		Date.	

Part I:				
Board Name: [X] At Large Appointment	Head Stat / Early Head S or [ ] District	tart Policy Council Appointment		
Term of Appointment:3	_ years. From 02 / 2	<u>27 / 07</u> To	9/26/2009	
Seat Requirement: Altern				# <u>16 -A</u>
[]**Reappointment		[] New Appointment		
or [ ] to complete the term of	Felisha Knight			
due to: [X]resignation	[X] other As an N	ew Alternate		
completion of term to expire on:				
Part II: APPLICANT, UNLESS I	EXEMPTED, MUST BE A C	COUNTY RESIDENT		
Name:B	londsha Harris			
Occupation/Affiliation:	Unknown			
Business Name:	N/A			
Business Address:	N/A			
City & State:	N/A		Zip (	Code: N/A
Residence Address:				
City & State:	West Palm Bea	ch, FL	_ Zip Code:	33406
Home Phone: (561) 963-3537		Business Phone	e:N/A	
Mailing Address preference: [] B	susiness Address [X] Resid	ience Other or [] other	r:	
	See Above			
Min suitu Identification Codes				
Minority Identification Code:	Clathe (American	a Indian Mala)		
[]IF (American Indian Female) []AF (Asian Female)	] [ ]AIM (American [ ]AM (Asian Ma			
[X]BF (Black Female)	[]BM (Black Ma			
[]HF (Hispanic Female)	[ ]HM (Hispanic [ ]WM (White Mal			
[]WF (White Female)	[ ] w M ( w mile Mai	<b>c</b> )		
Part III: COMMISSIONER CO	OMMENTS			
Appointment to be made at BCC M	feeting on:	February 27,	, 2007	
*When a person is being conside disclosed voting conflicts shall be	red for re-appointment, the considered by the Board o	number and nature of County Commission	of previously ners.	
Number of previously disclosed	l voting conflicts.			
Signature		Date	:	

Board Name: He [X] At Large Appointment or	ad Start / Early Head	trict Appointment	<u>(C11</u>		
• •	_		To	9 / 26 / 2009	
Term of Appointment: years					at# 1'
Seat Requirement: Repres	sentative - Lake Wor	<u>th</u>		50	
[X]**Reappointment	or	[] New Appointme	ent		
or [X] to complete the term ofJe	nnifer Digelio				
due to: [X]resignation	[X]other Becc	ome A Representative	e		
completion of term to expire on:					
Part II: APPLICANT, UNLESS EX	EMPTED, MUST BE	A COUNTY RESIL	DENT		
Name:	Andrea Poit	<u>ier</u>			
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A		_ Zip Code:	<u>N/A</u>	
Residence Address:	1691 N. Seacres B	<u>lvd.</u>			
City & State: Boyn	ton Beach, FL		Zip Co	de: <u>33435</u>	
Home Phone: (561) 8	56-8801	Business	Phone:	N/A	
Mailing Address preference: [] Bus	iness Address [X] I	Residence Other or [	] other:		
Minority Identification Code:					
[ ]IF (American Indian Female) [ ]AF (Asian Female) [ X]BF (Black Female) [ ]HF (Hispanic Female) [ ]WF (White Female)	[]AM (Asiar []BM (Black []HM (Hispa	rican Indian Male) n Male) c Male) anic Male) e Male)			
Part III: COMMISSIONER COM	MENTS				
Appointment to be made at BCC Mee	ting on: Febru	ary 27, 2007			
*When a person is being considered disclosed voting conflicts shall be co	l for re-appointment, onsidered by the Boar	the number and nard of County Comm	nture of prev nissioners.	riously	
Number of previously disclosed v	oting conflicts.				
			Da	te:	

Board Name: [ ] At Large Appointment	or	[ ] District Appoin	tment	and the second	
Term of Appointment:3y				9 / 26 /2009	
					17 - A
Seat Requirement: Altern	iate - Lake Wo				
[]**Reappointment	or	[X] New	Appointment		
or [X] to complete the term of	Andrea Poiti	<u>er</u>			
due to: [X] resignation	[ ] othe	er			
completion of term to expire on:					
Part II: APPLICANT, UNLESS	EXEMPTED, M	UST BE A COUNT	Y RESIDENT		
Name:	Nakia Harp				
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/ <u>A</u>				
City & State	N/A		Zip Code:	N/A	
Residence Address:	6472 Semin	ole Circle			
City & State: Lantana, Fl		Zip	Code:	33462	
Home Phone: (561) 649-4296		Business	Phone:	N/A	
Mailing Address preference: []	Business Address	s [X] Residence	Other or [] other	er:	
Minority Identification Code:					
[ ]IF (American Indian Female [ ]AF (Asian Female) [X]BF (Black Female) [ ]HF (Hispanic Female) [ ]WF (White Female)	e) [ ]IM (Amer [ ]AM [ ]BM [ ]HM [ ]WM	(Black Male) (Hispanic Male)			
Part III: COMMISSIONER C	OMMENTS				
Appointment to be made at BCC	Meeting on:	Fe	bruary 27, 200	<u>7</u>	
*When a person is being consid disclosed voting conflicts shall b	ered for re-appo e considered by	intment, the number the Board of Count	er and nature of	of previously ers.	

Signature:\_\_

Part I:			
Board Name: Head Start / Early Head Start	t Policy Council		
[X] At Large Appointment or [ ] Dis			
Term of Appointment: 1 years. From 09/27			
Seat Requirement: Representative - Riviera Beach	[ ] New Appointment	Seat #_	18
or [ ] to complete the term of			
due to: [] resignation [X] other As	a Representative		
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, MUST BI	E A COUNTY RESIDENT		
Name: Kenneth Higgins	<u>s</u>		
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) 667-93	322	Business Phone:	<u>N/A</u>
Mailing Address preference: [] Business Address [X]	Residence Other or [] other:		
See Above			
Minority Identification Code:			
	erican Indian Male) n Male)		
[]BF (Black Female) [X]BM (Blace	k Male)		
[]HF (Hispanic Female) []HM (Hisp []WF (White Female) []WM (White	oanic Male) • Male)		
Part III: COMMISSIONER COMMENTS			
	ebruary 27, 2007		
*When a person is being considered for re-appointment disclosed voting conflicts shall be considered by the Boa	t, the number and nature of ard of County Commissioner	previously rs.	
Number of previously disclosed voting conflicts.			
Signature:		Date:	

Board Name: Head Start / Early Head Start Policy Council
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
G 4 # 10
Seat Requirement:    Alternate - Riviera Beach   Seat # 18 -     **Reappointment   New Appointment   Seat # 18 -     Alternate - Riviera Beach   Seat # 18
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 NameN/A
Business Address: N/A
City & State: Zip Code: N/A
Residence Address: P.O. Box 10093
City & State: 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)
[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
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.
*When a person is being considered for re-appointment, the number and nature of previously
*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.

Signature:\_

Part I:	: / Early Head Start Policy Cou	ıcil	
	District Appointment		
[X] At Large Appointment or			< 4000
Term of Appointment:3 years. Fro	m02/27/07		6 / 2009
Seat Requirement:  []**Reappointment  Or	riera Beach [X] New Appoints		at #18 -B
or [X] to complete the term ofS	hu'Karrie Washington		
due to: [X] resignation [X]	[X] other As a New Alternate		
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTE	D, MUST BE A COUNTY RESI	DENT	
Name: Jam	es Mims, Sr.		
Occupation/Affiliation: Unk	<u>nown</u>		
Business Name N/A			
Business Address: N/A			
City & State: N/A		Zip Code: N	<u>/A</u>
	Avenue S.		
City & State: Rivier	a Beach, Fl	Zip Code:	334 04
Home Phone: (561) 667-0208		s Phone: (561)	
Mailing Address preference: [] Business Ad		other:	
See A	bove		
Minority Identification Code:			
[]IF (American Indian Female)[]IM (American Indian Female)	American Indian Male)		
[ ]AF (Asian Female) [	]AM (Asian Male)		
	X]BM (Black Male)		
	]HM (Hispanic Male)		
[]WF (White Female) [	]WM (White Male)		
Part III: COMMISSIONER COMMENTS	3		
Appointment to be made at BCC Meeting on:	February 27, 200	<u>7</u>	
*When a person is being considered for re- disclosed voting conflicts shall be considere	appointment, the number and na d by the Board of County Comn	ature of previously nissioners.	
Number of previously disclosed votin	g conflicts.		
Signature:		Date:	

Part I:					
Board Name:	Head Start / Early I	Head Start Policy Cou District Appointment	<u>ıncil</u>		
[X] At Large Appointment			00	106 (2000	
Term of Appointment: 3	years. From	02 / 27 / 07	To <u>09</u>	<u>/ 26 / 2009</u>	
Seat Requirement: Re	<u>presentative - West P</u> or	alm Beach [X] New Appoir		Seat #	19
[]**Reappointment		[22] 1.0.1.1.4			
or [X] to complete the term of	Norlaie Nunez				
due to: [X] resignation	[X] other_	As a New Representat	<u>ive</u>		
completion of term to expire on:					
Part II: APPLICANT, UNLES	S EXEMPTED, MUST	T BE A COUNTY RES	IDENT		
Name:	Sharon Watso	on Grant			
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A		Zip Code:	N/A	
Residence Address:		ke 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				
<b>Minority Identification Code:</b>					
[ ]IF (American Indian Fema	ile) []AIM (A	American Indian Male)			
[]AF (Asian Female)	[]AM (A	Asian Male)			
[X]BF (Black Female) [ ]HF (Hispanic Female)		Black Male)			
[]HF (Hispanic Female) []WF (White Female)	[ ]HM (H [ ]WM (W	Iispanic Male) hite Male)			
		<b>,</b>			
Part III: COMMISSIONER	COMMENTS				
Appointment to be made at BCC	Meeting on:	Feb	ruary 27, 2007		
*When a person is being considusclosed voting conflicts shall	dered for re-appointm be considered by the	ent, the number and board of County Com	nature of previous imissioners.	ly	
Number of previously disclo	sed voting conflicts.				

Signature:\_

Board Name: Head Start / Early Head Start Policy Coun	<u>ıcil</u>		
[X] At Large Appointment or [ ] District Appointment			
20.407.407	To 9/2	6 / 2009	
Term of Appointment:3 years. From 02/27/07			40.4
Seat Requirement Alternate - West Palm Beach		Seat #	19 - A
[]**Reappointment or [X] New Appoint	ment		
or [ ] to complete the term of Claudia M. Johnson			
due to: [X] resignation [X] other As an Alternate			
[]			
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESI	DENT		
Name: Katherine King			
Occupation/Affiliation: Unknown			
Business Name: N/A			
Business Address: N/A			
	Zip Code:	N/A	
City & State: N/A	Zip Code	1,172	
Residence Address: 5540 North Haverhill Road Apt. 91			
City & State: West Palm Beach, FL	Zip Code:	33401	
Home Phone: 561- 640-0229	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) []HF (Hispanic Female) []HM (Hispanic 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: Februar	ry 27, 2007		
*When a person is being considered for re-appointment, the number and r	nature of previous	y	
disclosed voting conflicts shall be considered by the Board of County Com	missioners.		
Number of previously disclosed voting conflicts.			
	Date:		
Signature:	Duic.		

nm/Judy/2007 Board Appointment Info 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
[] Reappointment
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: 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.
and the second control of the second control of the second control of the second control of the second control Also and the second control of the second control of the second control of the second control of the second co
Signature: Date:

Part 1:			
Board Name:	Head Start / Early Head S	Start Policy Council	
[X] At Large Appointment or	[ ] District Appoir	ntment	
Term of Appointment:3 years.	From <u>02 / 27 / 07</u>	To9	<u>/ 26 / 2009</u>
Seat Requirement: Alternate -	Union Baptiste, HS		Seat #20 - A
[]**Reappointment	or [X] New	Appointment	
or [X] to complete the term of Frac	lley Joseph		
due to: [X] resignation	[X] other As a New Altern	nate	
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMI	PTED, MUST BE A COUNT	Y RESIDENT	
Name: Annam			
Occupation/Affiliation: Unk			
Business Name: N/A			
Business Address: N/A			
City & State N/A		Zip Code	
Residence Address: 719 49 <sup>th</sup>			
City & State: West Palm			_ Zip Code: <u>33407</u>
Home Phone: (561) 845-8	3585 or (561) 502-1493	Business Ph	one: N/A
Mailing Address preference: [] Business	Address [X] Residence O	ther or [] other:	
	See Above		
Minority Identification Code:			
[ ]IF (American Indian Female) [ ]IM [ ]AF (Asian Female)	(American Indian Male) [ ]AM (Asian Male)		
[ ]BF (Black Female)	[]BM (Black Male)		
[X]HF (Hispanic Female) [ ]WF (White Female)	[]HM (Hispanic Male) []WM (White Male)		
Part III: COMMISSIONER COMME	NTS		
Appointment to be made at BCC Meeting	on:	February 27, 2007	
*When a person is being considered for disclosed voting conflicts shall be considered.	re-appointment, the numbered by the Board of Count	er and nature of prev ty Commissioners.	riously
Number of previously disclosed voting	conflicts.		
Signature:		Da	te:

Part I:		
Board Name: Head Start / Early Head Start Policy  [X] At Large Appointment or [ ] District Appointment	Council	
Term of Appointment: 3 years. From 02/27/07	To	9 / 26 / 2009
Seat Requirement: Representative - Delray Beach EHS		
[]**Reappointment or [X] New Appointment		
or [X] to complete the term of Nadleen Seraphin		
due to: [ ]resignation [ X] other <u>Transfer to HS Delray</u>		
completion of term to expire on:		
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDE	ENT	
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 7 <sup>th</sup> Avenue		
City & State: Delray Beach, FL	Zip (	Code: 33444
Home Phone: (561) 577-5375 B		
Mailing Address preference: [] Business Address [X] Residence Other or []		
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, 20	007	
*When a person is being considered for re-appointment, the number and nat disclosed voting conflicts shall be considered by the Board of County Commis	ure of previous ssioners.	ly
Number of previously disclosed voting conflicts.  Signature:	Date:	
Signature.		

Part I:	'oungil
Board Name: Head Start / Early Head Start Policy C  X] At Large Appointment or [ ] District Appointment	<u>ouncii</u>
Cerm of Appointment: 3 years. From 02/27/07	To9/26/2009
eat Requirement: Alternate - Delray Beach, EHS	
]**Reappointment or [X] New Appointm	
1	
r [ ] to complete the term of	
ue to: [ ]resignation [ ]other	
ompletion of term to expire on:	
art II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESID	ENT
Jame: James Stewart	
Occupation/Affiliation: Unemployed	
susiness Name: N/A	
Business Address: N/A	Zip Code:N/A
	Zip Code:ivA
Residence Address: 630 SW 6 <sup>th</sup> Avenue	
City & State: Delray Beach, FL	Zip Code: 33444
Home Phone: (561) 272-2352	Business Phone: N
Mailing Address preference: [] Business Address [X] Residence Other or []	other:
See above	
Ainority Identification Code:	
]IF (American Indian Female) [ ]IM (American Indian Male)	
]AF (Asian Female)[ ]AM (Asian Male)]BF (Black Female)[X]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, 200	<u>.</u> 7 - A
When a person is being considered for re-appointment, the number and nat	ure of previously
disclosed voting conflicts shall be considered by the Board of County Commi	ggiviroi 9.
Number of previously disclosed voting conflicts.	
Signature	Date:

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 - Easter Seals Seat # 22
[]**Reappointment or [X] New Appointment
or [X] to complete the term of Sumya Abbas
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: Lesley Ann Henry
Occupation/Affiliation: Unemployed
Business Name: N/A
Business Address: N/A
City & State: Zip Code: N/A
Residence Address: 225 Laken Drive
City & State: Zip Code: 33407
Home Phone: (561) 881-8165 or (561) 282-8315 Business Phone: N/A
Home Phone: (561) 881-8165 or (561) 282-8315 Business Phone: N/A  Mailing Address preference: [] Business Address [X] Residence Other or [] other:
Mailing Address preference: [] Business Address [X] Residence Other or [] other:
Mailing Address preference: [] Business Address [X] Residence Other or [] other:
Mailing Address preference: [] Business Address [X] Residence Other or [] other:  See above
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)
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)
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
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

Signature:\_

Board Name: Head Start / Early Head Start Policy  [X] At Large Appointment or [] District Appointment	Council	
[]	<b>T</b> -	0/26/2000
Term of Appointment:3 years. From02/27/07		
Seat Requirement: Alternate - Easter Seals	Seat #	<u> 22 - A</u>
[ ]**Reappointment or [ X] New Appointme	nt	
or [X] to complete the term of <u>Nadine Burke</u>		
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 RESIDE	NT	
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 2 <sup>nd</sup> Street Apt. #7		
City & State: West Palm Beach, FL	Zip Code	e: <u>33401</u>
Home Phone: (561) 502-6850	Business	Phone: N/A
Mailing Address preference: [] Business Address [X] Residence Other or [] or	ther:	
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	007	
	<u>007</u>	
Part III: COMMISSIONER COMMENTS	e of previousl	<b>y</b>
Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: February 27, 2  *When a person is being considered for re-appointment, the number and nature	e of previousl	<b>y</b>

Signature:\_

Board Name: Head Start / Early Head Start Policy C		
[X] At Large Appointment or [ ] District Appointment		
Term of Appointment: 3 years. From 02/27/07	То	9 / 26 / 2009
Seat Requirement: Representative - Family Child Care Home	Seat	#23
[]**Reappointment or [X] New Appointment	nt	
or [X] to complete the term of Mervin Carey		
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 RESIDE	V <i>T</i>	
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 Pho	one: N/A
Mailing Address preference: [] Business Address [X] Residence Other or [] or	her:	
See above		
See above Minority Identification Code:		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian Male)		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian Male) [ ]AF (Asian Female) [ ]AM (Asian Male)		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian Male) [ ]AF (Asian Female) [ ]AM (Asian Male) [X]BF (Black Female) [ ]BM (Black Male)		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian Male) [ ]AF (Asian Female) [ ]AM (Asian Male) [X]BF (Black Female) [ ]BM (Black Male)		
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)		
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)		
Minority Identification Code:  [ ]IF (American Indian Female) [ ]IM (American Indian Male) [ ]AF (Asian Female) [ ]AM (Asian Male) [ ]K]BF (Black Female) [ ]BM (Black Male) [ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)	<u>007</u>	
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	<u>007</u>	
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, 26  *When a person is being considered for re-appointment, the number and nature	e of previously	
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, 26	e of previously	
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, 26  *When a person is being considered for re-appointment, the number and nature	e of previously	

Signature:\_

Part I:					
Board Name:		art / Early Head St		<u>Council</u>	
Term of Appointment:3	_years. From	02 / 27 / 07	To	9 / 26 / 2009	
Seat Requirement: Rep					25
[ ]**Reappointment	or		ppointment		
or [X] to complete the term of					
due to: [ ]resignation	o [ ]other				
completion of term to expire on	<b>:</b>				
Part II: APPLICANT, UNLE	SS EXEMPTED, MU	ST BE A COUNTY	RESIDENT	•	
Name:	Michael Paul Smit	<u>h</u>			
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A	· · · · · · · · · · · · · · · · · · ·	Zi	p Code:	<u>N/A</u>
Residence Address:	604 21st Street Ap	<u>t. C.</u>			
City & State:	West Palm Beach, Fl	L	2	Zip Code:	33407
Home Phone:	(561 623 - 3975	:	Busin	ess Phone:	N/A
Mailing Address preference:	[] Business Address	[X] Residence Oth	ner <b>or</b> [] othe	<b>r:</b>	
Same	as above				
Minority Identification Code					
[ ]IF (American Indian Fem [ ]AF (Asian Female) [ ]BF (Black Female) [ ]HF (Hispanic Female) [ ]WF (White Female)	[ ]AM [X]BM [ ]HM	an Indian Male) (Asian Male) (Black Male) (Hispanic Male) (White Male)			
Part III: COMMISSIONER	COMMENTS				
Appointment to be made at BC	C Meeting on:	February 27, 200	7		
*When a person is being considisclosed voting conflicts shall	sidered for re-appoin Il be considered by th	tment, the number e Board of County	and nature of Commission	of previously ners.	
Number of previously discl	osed voting conflicts.				
Signature:		Γ	Date:		

<u> </u>			
Board Name: Head Start / Early Head Start Policy C  [X] At Large Appointment or [ ] District Appointment	<u>ouncil</u>		
Term of Appointment: 3 years. From 02/27/07	Го	9 / 26 / 20	009
Seat Requirement: Alternate - Apostolic CAGE			
[ ]**Reappointment or [X] New Appoint			
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 RESI	DENT		
Name: Chris Lamber			
Occupation/Affiliation: Unknown			
Business Name: N/A			
Business Address: N/A			
	Zip C	Code:	N/A
Residence Address: 850 Martin Luther King Blvd.			
	Zip	Code: _	33404
Home Phone: (561 201 -5058	-		N/A
Mailing Address preference: [] Business Address [X] Residence Other or [	other:		
Same as above	· <del>-</del>		
Minority Identification Code:			
[ ]IF (American Indian Female) [ ]IM (American Indian Male)			
[]AF (Asian Female) []AM (Asian Male)			
[ ]BF (Black Female) [X]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 no disclosed voting conflicts shall be considered by the Board of County Comm	ature of p nissioners	reviously	
Number of previously disclosed voting conflicts.			
Signature:		Date:	

Part I:	Dallar Council		
Board Name: Head Start / Early Head Start  [X] At Large Appointment or [] District Appo	intment		
Term of Appointment: 3 years. From 02/27/07	To	9 / 26 / 20	<u>09</u>
Seat Requirement: Alternate - Apostolic CAGE			
	v 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 COUN	TY RESIDENT		
Name: Cicely Hines			
Occupation/Affiliation: Unknown			
Business Name: N/A			
Business Address: N/A			
	Zi	p Code:	N/A
Residence Address: 1004 Palm Beach Lakes Blvd.			
	Zip Code	:3	<u>3401</u>
Home Phone: (561 294 -6271	Busine	ess Phone:	N/A
Mailing Address preference: [] Business Address [X] Residence			
Same as above			
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)			
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male)			
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS	oruary 27, 2007		
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS	er and nature o	f previously ers.	
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: Fel  *When a person is being considered for re-appointment, the number	er and nature o	of previously ers.	
[ ]HF (Hispanic Female) [ ]HM (Hispanic Male) [ ]WF (White Female) [ ]WM (White Male)  Part III: COMMISSIONER COMMENTS  Appointment to be made at BCC Meeting on: Fel  *When a person is being considered for re-appointment, the numb disclosed voting conflicts shall be considered by the Board of Cour	er and nature o	of previously ers.	

Part I:					
Board Name:	Head Start /	Early Head Start Policy	Council		
[X] At Large Appointment	or	[ ] District Appointment	t		
Term of Appointment:3	years. From	02 / 27 / 07	_To	9 / 26 / 2009	<u>9</u>
Seat Requirement: Repr	esentative - Apos	stolic CDC, Inc.		S	eat #26
[ ]**Reappointment	or	[X] New Appo	intment		
or [ ] to complete the term of					
due to: [ ]resignation	[ ]oth	er			
completion of term to expire on					
Part II: APPLICANT, UNLES	SS EXEMPTED, M	AUST BE A COUNTY RE	SIDENT		
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, F	L		Zip Code:	33404
Home Phone:	(561) 640 - 0576		Busines	s Phone:	N/A
Mailing Address preference: [	Business Addres	s [X] Residence Other o	r [ ] other:		
Same as a	<u>bove</u>				
Minority Identification Code:					
[ ]IF (American Indian Fem [ ]AF (Asian Female)	ale) [ ]IM [ ]AM	(American Indian Male) (Asian Male)	)		
[X]BF (Black Female)	[ ]BM	(Black Male)			
[ ]HF (Hispanic Female) [ ]WF (White Female)	[ ]HM [ ]WN	•			
Part III: COMMISSIONER	COMMENTS				
Appointment to be made at BC	C Meeting on:	Februar	y 27, 2007		
*When a person is being cons					
disclosed voting conflicts shall					
Number of previously discle	osed voting conflict	ts.			
				Date:	

<u>1 att 1.</u>					
Board Name:	Head Start / Ea	rly Head Start Polic	y Council		
[X] At Large Appointment	or	[ ] District Appointm	ent		
Term of Appointment:3yo				9 / 26 / 2009	9
Seat Requirement: Repres	entative - A Ster	Above		Seat	#27
[ ]**Reappointment	or	[X] New Ap	pointment		
or [ ] to complete the term of					
due to: [ ]resignation	[ ]other				
completion of term to expire on:					
Part II: APPLICANT, UNLESS	EXEMPTED, MU	UST BE A COUNTY I	RESIDENT		
Name:	Marie Jose Padova	any			
Occupation/Affiliation:	Unknown				
Business Name:	<u>N/A</u>				
Business Address:	<u>N/A</u>				
City & State:	N/A			_ Zip Code:	N/A
Residence Address: 8	02 S, Broughton C	ircle			
City & State: B	oynton Beach, FL			Zip Code:	33436
Home Phone: (5	61 503 - 8346		Busines	s Phone:	N/A
Mailing Address preference: []	Business Address	[X] Residence Othe	r or [] other:		
Same as abo	<u>ve</u>				
Minority Identification Code:					
	e) []IM	(American Indian Ma	ale)		
[ ]IF (American Indian Female [ ]AF (Asian Female)	[]AM	(Asian Male)	aicj		
[X]BF (Black Female)	[ ]BM				
[]HF (Hispanic Female)	[ ]HM	(Hispanic Male)			
[ ]WF (White Female)	[ ]WM	(White Male)			
Part III: COMMISSIONER CO	OMMENTS				
Appointment to be made at BCC N	Meeting on:	February 27, 2007			
*When a person is being conside disclosed voting conflicts shall b	ered for re-appoir e considered by t	ntment, the number a he Board of County (	nd nature of Commissione	previously rs.	
Number of previously disclose	ed voting conflicts.				
Signature:				Date:	

Board Name:	Head Start / E	Carly Head Start Po	olicy Council		
		[ ] District Appoint			
[X] At Large Appointment				9/26/20	09
Term of Appointment: 3					
Seat Requirement: Altern	nate - A Step Abo			Scat #	
[ ]**Reappointment	or	[X] New A	Appointment		
or [ ] to complete the term of					
due to: [ ]resignation	[ ]other	: A A			
completion of term to expire on:					
Part II: APPLICANT, UNLES	S EXEMPTED, M	UST BE A COUNTY	RESIDENT		
Name:	Danielle S. Herbe	<u>rt</u>			
Occupation/Affiliation:	Unknown				
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A	·		_ Zip Code:	N/A
Residence Address:	1211 Meadows Circ	<u>cle</u>			
City & State:	Boynton Beach, FL			Zip Code	:33436
Home Phone:(	561 214 - 0127		_ Busines	ss Phone:	N/A
Mailing Address preference: [	Business Address	[X] Residence Otl	her or [] other:		
Same as ab	ove				
Minority Identification Code:					
[ ]IF (American Indian Fema	le) [ ]IM	(American Indian N	Male)		
[ ]AF (Asian Female)	[ ]AM	(Asian Male)			
[X]BF (Black Female) [ ]HF (Hispanic Female)	[ ]BM [ ]HM	(Black Male) (Hispanic Male)			
[ ]WF (White Female)	[ ]wm				
Part III: COMMISSIONER C	COMMENTS				
Appointment to be made at BCC	Meeting on:	February	27, 2007		
*When a person is being consid disclosed voting conflicts shall	lered for re-appoi be considered by t	ntment, the number he Board of County	and nature of Commissione	previously rs.	
Number of previously disclos	sed voting conflicts	•			
Signature:		· · · · · · · · · · · · · · · · · · ·		Date:	

Board Name:	Head Sta	rt / Early F	Iead Start Pol	icy Coun	<u>C11</u>		
X] At Large Appointment	or	[ ] District	Appointment				
Term of Appointment:3	years. From		02 / 27 / 07	Т	0	9/2	<u>26 / 2009</u>
Seat Requirement: Repres						ıt #	28
]**Reappointment	or		X] New Appoir				
or [ ] to complete the term of							
	[ ]other						
completion of term to expire on:	. · ·						
ompletion of term to explice our							
Part II: APPLICANT, UNLESS E	EXEMPTED, M	UST BE A	COUNTY RESI	DENT			
Name: Charlene A	lonso						
Occupation/Affiliation: Unkr	<u>nown</u>						
Business Name: N/A							
Business Address: N/A							
City & State: N/A				Zip	Code:		N/A
Residence Address: 1089	9 Drexel Road						
City & State: Wes		L			_Zip Cod	e:	33417
Home Phone: (561) 68				-	Business	Phone	e:N
Mailing Address preference: [] B	usiness Address	[X] Resi	dence Other or	other:			
See abo				-			
	<del></del>						
Minority Identification Code:							
	£ JTN/£	(A mariaar	ı Indian Male)				
[ ]IF (American Indian Female) [ ]AF (Asian Female)	[ ]AM	(Asian Ma	ıle)				
[X]BF (Black Female) [ ]HF (Hispanic Female)	[ ]BM [ ]HM	(Black Ma (Hispanic	Male)				
[ ]WF (White Female)	[ ]WM	(White M	ale)				
Part III: COMMISSIONER CO	MMENTS						
Appointment to be made at BOCC I			February 27	2007			
appointment to be made at BOCC	<u>.</u>		- vo. vo. y 201	<del></del>			
*When a person is being consider	ed for re-appoi	ntment, the	number and n	ature of	previous	ly	
disclosed voting conflicts shall be	considered by t	he Board o	f County Com	missione	rs.		
Number of previously disclosed							
Manage of previousiv dischased	i voting conflicts	•					

Board Name:	Head Star	t / Early Head Start Poli	cy Council	
[X] At Large Appointment 01		[ ] District Appointment		
Term of Appointment:3	_ years. From	02 / 27 / 07	To	9 / 26 / 2009
Seat Requirement: Represen				
[]**Reappointment	or			
or [ ] to complete the term of				
due to: [ ]resignation	[ ]other			
completion of term to expire on:				
Part II: APPLICANT, UNLESS EX	KEMPTED, M	UST BE A COUNTY RES	SIDENT	
Name: Crystal Dalr	<u>ymple</u>			
Occupation/Affiliation: Unknown	<u>own</u>			
Business Name: N/A				
Business Address: N/A				
City & State: N/A			Zip Code:	N/A
Residence Address: 5111	Caribbean Blvo	1. # 214		
City & State: West	Palm Beach, I	FL .	Zi <sub>1</sub>	Code: 334
Home Phone: (561) 315	-3497 or (56	1) 848-1069	Business	Phone: N/A
Mailing Address preference: [] Bu	siness Address	[X] Residence Other or	[] other:	
See above	<u>e</u>			
Minority Identification Code:				
[ ]IF (American Indian Female)	[ ]IM	(American Indian Male)		
[ ]AF (Asian Female)	[ ]AM	(Asian Male)		
[X]BF (Black Female) [ ]HF (Hispanic Female)	[ ]BM [ ]HM	(Black Male) (Hispanic Male)		
[ ]WF (White Female)	MW[]			
Part III: COMMISSIONER COM	<b>IMENTS</b>			
Appointment to be made at BCC Me	eting on:	February	27, 2007	
*When a person is being considere	d for re-appoi	ntment, the number and	nature of previou	sly
disclosed voting conflicts shall be c	onsidered by t	ne Board of County Con	шизмонегу.	
Number of previously disclosed				

Signature:\_

Part I:
Board Name: 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: Representative - My First Steps Seat # 30
[]**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: 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: Zip Code: Zip Code: 33417
Home Phone: (561) 667-7304 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) [ ]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:\_

Part I:			
Board Name: Head Start / Early Head Start Policy Counc	<u>il</u>		
[X] At Large Appointment or [ ] District Appointment			
Term of Appointment: 3 years. From 02/27/07			
Seat Requirement: Alternate - My First Steps		Seat #	<b>30 -</b> 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 RESIDE	E <b>NT</b>		
Name: Carmen Torres			
Occupation/Affiliation: Unknown			
Business Name: N/A			
Business Address: N/A			
City & State: N/A	Zip Code:_	<u>N/A</u>	
Residence Address: 628 Fairfax			
City & State: West Palm Beach, FL	Zip	Code: <u>334</u>	105
Home Phone: (561) 804-9120 Business P	hone:	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 natu disclosed voting conflicts shall be considered by the Board of County Commis	are of previous	ously	
Number of previously disclosed voting conflicts.			

Signature:\_

Part I:					
Board Name:	Head Start / E	Early Head Start	Policy Council		
[X] At Large Appointment or		District Appo	intment		
Term of Appointment: 2 years.	From0	2 / 27 / 07	To	9/26/08	
Seat Requirement: Representa	tive - San C	astle	· · ·		Seat #31
[X]**Reappointment	or	[ ] New	Appointment		
or [ ] to complete the term of					
due to: [ ]resignation	[ ]other				
completion of term to expire on:					
Part II: APPLICANT, UNLESS EX	EMPTED, MU	ST BE A COUN	TY RESIDENT		
Name:	Juliet Murd	<u>ock</u>			
Occupation/Affiliation:	Unknown				
Business Name:	<u>N/A</u>				
Business Address:	<u>N/A</u>				
City & State:	N/A			_ Zip Code:_	N/A
Residence Address:		<u>se</u>			
City & State:	Boynton Be	ach, FL		Zip C	ode <u>33426</u>
City & State: (561) 439-6			Business Phone:		
	715		Business Phone:		
Home Phone: (561) 439-6	715	[X] Residence (	Business Phone:		
Home Phone: (561) 439-6	iness Address	[X] Residence (	Business Phone:		
Home Phone: (561) 439-6	iness Address	[X] Residence (	Business Phone:		
Home Phone: (561) 439-6  Mailing Address preference: [] Busi  Minority Identification Code:  []IF (American Indian Female)	iness Address See Abo	[X] Residence (  ove  (American Indian	Business Phone: Other or [] other:		
Mailing Address preference: [] Busing Address preference: [] Busing Minority Identification Code:  []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female)	iness Address  See Ab  [ ]IM  [ ]AM  [ ]BM	[X] Residence (  ove  (American Indian (Asian Male) (Black Male)	Business Phone: Other or [] other:		
Home Phone: (561) 439-6  Mailing Address preference: [] Busing Minority Identification Code:  []IF (American Indian Female) []AF (Asian Female)	iness Address  See Ab  [ ]IM  [ ]AM  [ ]BM  [ ]HM	[X] Residence ( ove  (American Indian (Asian Male)	Business Phone: Other or [] other:		
Mailing Address preference: [] Busing Address preference: [] Busin	iness Address  See Ab  [ ]IM [ ]AM [ ]BM [ ]HM [ ]WM	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male)	Business Phone: Other or [] other:		
Mailing Address preference: [] Busing Address preference: [] Busing Minority Identification Code:  []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female)	iness Address  See Abo  [ ]IM  [ ]AM  [ ]BM  [ ]HM  [ ]WM	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male)	Business Phone: Other or [ ] other:  n Male)		
Mailing Address preference: [] Busing Address preference: [] Busing Minority Identification Code:  []IF (American Indian Female) []AF (Asian Female) []MF (Black Female) []HF (Hispanic Female) []WF (White Female)  Part III: COMMISSIONER COM	iness Address  See Ab  [ ]IM   [ ]AM   [ ]BM   [ ]HM   [ ]WM  MENTS  ting on:  for re-appoint	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male) (White Male)  February 27, 2	Business Phone: Other or [ ] other:  n Male)  007  er and nature of	previously	
Mailing Address preference: [] Busing Address preference: [] Busin	iness Address  See About  [ ]IM  [ ]AM  [ ]BM  [ ]HM  [ ]WM  MENTS  ting on:  for re-appoint  nsidered by the	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male) (White Male)  February 27, 2	Business Phone: Other or [ ] other:  n Male)  007  er and nature of	previously	
Mailing Address preference: [] Busing Address preference: [] Busing Minority Identification Code:  []IF (American Indian Female) []AF (Asian Female) []MF (Black Female) []HF (Hispanic Female) []WF (White Female)  Part III: COMMISSIONER COM	iness Address  See About  [ ]IM  [ ]AM  [ ]BM  [ ]HM  [ ]WM  MENTS  ting on:  for re-appoint  nsidered by the	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male) (White Male)  February 27, 2	Business Phone: Other or [ ] other:  n Male)  007  er and nature of	previously	
Mailing Address preference: [] Busing Address preference: [] Busin	iness Address  See About  [ ]IM  [ ]AM  [ ]BM  [ ]HM  [ ]WM  MENTS  ting on:  for re-appoint  nsidered by the	[X] Residence ( ove  (American Indian (Asian Male) (Black Male) (Hispanic Male) (White Male)  February 27, 2	Business Phone: Other or [ ] other:  n Male)  007  er and nature of	previously	

oard Name: Head	Start / Early	Head Start Poli	cy Counc <u>il</u>		
X] At Large Appointment or	[	] District Appoin	tment		
erm of Appointment:3 years	s. From	02 / 27 / 07	To	9 / 26 / 2009	
eat Requirement: Alternate			·		<u>- A</u>
]**Reappointment	or	[X] New A	Appointment		
r [ ] to complete the term of					
ue to: [ ]resignation	[]other				
ompletion of term to expire on:					
art II: APPLICANT, UNLESS EXEM	APTED, MUS	ST BE A COUNT	Y RESIDENT		
Name:					
Occupation/Affiliation:					
Business Name	N/A				
Business Address:	N/A				
City & State:	N/A		Zi	ip Code:	N/A
Residence Address:					
				7in Code:	33
	antana, Fl				
Home Phone: (561) 201-1427	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Business Phone:	N/A	
Mailing Address preference: [] Busine	ss Address	[X] Residence Ot	her or [] other:		
See Above					
Minority Identification Code:					
	[ (Amariaa	T 1 3513			
IIF (American Indian Female) [ ]IM	i (America)	n Indian Male)			
]IF (American Indian Female) [ ]IM ]AF (Asian Female)	[]AM (	Asian Male)			
]AF (Asian Female) ]BF (Black Female)	[]AM ( []BM (	Asian Male) Black Male)			
]AF (Asian Female) ]BF (Black Female) X]HF (Hispanic Female)	[]AM ( []BM ( []HM (	Asian Male) Black Male) Hispanic Male)			
JAF (Asian Female) JBF (Black Female) XJHF (Hispanic Female) JWF (White Female)	[]AM ( []BM ( []HM ( []WM (	Asian Male) Black Male)			
JAF (Asian Female)  JBF (Black Female)  XJHF (Hispanic Female)  JWF (White Female)  Part III: COMMISSIONER COMMI	[]AM ( []BM ( []HM ( []WM (	Asian Male) Black Male) Hispanic Male) (White Male)	oniary 27 2007		
JAF (Asian Female)  JBF (Black Female)  XJHF (Hispanic Female)  JWF (White Female)  Part III: COMMISSIONER COMMI	[]AM ( []BM ( []HM ( []WM (	Asian Male) Black Male) Hispanic Male) (White Male) Fel	oruary 27, 2007		
JAF (Asian Female)  JBF (Black Female)  XJHF (Hispanic Female)  JWF (White Female)  Part III: COMMISSIONER COMMI	[]AM ( []BM ( []HM ( []WM ( ENTS g on:	Asian Male) Black Male) Hispanic Male) (White Male)  Felment, the number	and nature of	previously rs.	
JAF (Asian Female)  JBF (Black Female)  XJHF (Hispanic Female)  JWF (White Female)  Part III: COMMISSIONER CO	[]AM ( []BM ( []HM ( []WM ( ENTS g on:	Asian Male) Black Male) Hispanic Male) (White Male)  Felment, the number	and nature of	previously rs.	

Signature:\_

Part I:	tead St	art / Early Head Start 1	Policy Council	
Board Name:		[ ] District Appointment		
[] =B				NC / 2000
Term of Appointment:3				
Seat Requirement: Alterna	te - South Bay	EHS		Seat #3
[]**Reappointment	or	[X] New Appoi	ntment	
or [ ] to complete the term of				
due to: [ ]resignation	[ ]other			
completion of term to expire on:				
Part II: APPLICANT, UNLESS EX	EMPTED, M	UST BE A COUNTY RE	SIDENT	
Name: N	edia Ramos			
Occupation/Affiliation:	Unemployed			
Business Name:	<u>N/A</u>			
Business Address:	N/A			
City & State	N/A		Zip Code	
Residence Address: 990 U	JS 27th North L	ot B-3		
City & State: South	Bay, FL			Zip Code: 3349
Home Phone: (561) 2	261-3919		Business Phor	ne: <u>N/A</u>
Mailing Address preference: [] Bus	siness Address	[X] Residence Other o	r [] other:	
	See A	bove		
Minority Identification Code:				
[ ]IF (American Indian Female)	[ ]IM	(American Indian Male)	· · · · · · · · · · · · · · · · · · ·	
[ ]AF (Asian Female)	[ ]AM	(Asian Male)		
[ ]BF (Black Female) [X]HF (Hispanic Female)	[ ]BM [ ]HM	(Black Male) (Hispanic Male)		
[]WF (White Female)		(White Male)		
Part III: COMMISSIONER COM	IMENTS			
Appointment to be made at BCC Mee	eting on:	Fe	ebruary 27, 2007	
*When a person is being considered disclosed voting conflicts shall be con-	d for re-appoi onsidered by t	ntment, the number and he Board of County Cor	nature of previonmissioners.	ously
Number of previously disclosed v	oting conflicts	•		

Signature:\_

Part 1: Board Name:	Head Start / Eas	rly Head Start Po	olicy Council		
[X] At Large Appointment or	[ ] Dist	rict Appointment			
Term of Appointment: years	. From <u>02</u> /	27 / 07	To9/26	<u>5/ 2009</u>	
Seat Requirement: Alternate -	South Bay EHS			Seat #	32 - /
[]**Reappointment	or	[X] New Appoin			
or [ ] to complete the term of					
due to: [ ]resignation	[ ]other				
completion of term to expire on:					
Part II: APPLICANT, UNLESS EXEM	PTED, MUST BE	A COUNTY RES	IDENT		
	e Tolbert				
Occupation/Affiliation: Unk	nown				
Business Name: N/A					
Business Address: N/A					
City & State N/A			Zip Code		
Residence Address: 145 NW 1	16 <sup>th</sup> Street				
City & State: Belle Glad	e, FL			Zip Code: <u>334</u>	130
Home Phone: (561) 993-	9309 or (561) 2	61-4047	Business Phone	:N/A	
Mailing Address preference: [] Busines	s Address [X] R	esidence Other or	[] other:		
	See Above				
Minority Identification Code:					
[ ]IF (American Indian Female) [ ]AF (Asian Female) [X]BF (Black Female) [ ]HF (Hispanic Female) [ ]WF (White Female)	[]AM (Asian []BM (Black	Male) nic Male)			
Part III: COMMISSIONER COMME	NTS				
Appointment to be made at BCC Meeting	on:	Febru	ary 27, 2007		
*When a person is being considered for disclosed voting conflicts shall be considered.	re-appointment, lered by the Boar	the number and 1 d of County Com	nature of previou missioners.	ısly	
Number of previously disclosed votin	g conflicts.				

Signature:\_