Agenda Item #: **TEL**

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

Meeting Date: April 1, 2008

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 April 1, 2008 through September 26, 2009.

| | PARENT REPRESENTATIVE | AND ALTERNATE | (S) BY CENTER |
|------------------|--------------------------|------------------|--------------------------|
| | (R) = Representative | (A) = | Alternate |
| <u>Seat ID #</u> | Boynton Beach | Seat ID # | Jupiter |
| 10 | Torlande Saintizaire (R) | 11 | Edward H. Gaynes (R) |
| | Eunice Hernandez (A) | | Terry A. Smith (A) |
| Seat ID # | Palm Glades | <u>Seat ID #</u> | Delray Beach HS |
| 13 | Marcus Saddler (R) | 14 | Frances Young (R) |
| | Marlene Cardova (Á) | | Valentia Valceus (A) |
| | Maria Galvan (A) | | Miglaise Mythil (A) |
| Seat ID # | Pahokee | Seat ID # | Westgate |
| 15 | Lorraine Fulton (R) | 16 | Blondsha Harris (R) |
| | Joenisha Miller (A) | | Rosetta Saez (A) |
| Seat ID # | Lake Worth | Seat ID # | Riviera Beach |
| 17 | Gary A. Moorer (R) | 18 | Toya A. Wilson (R) |
| | Featger A. Kemp (A) | | Lenora Price (A) |
| | | | Tawania L. Nubin Sr. (A) |
| Seat ID # | Union Baptist | Seat ID # | Delray Beach EHS |
| 20 | Shelly-Ann M. Blake (R) | 21 | Crystal L. Scott (R) |
| | Tonya L. Adams (A) | | • |
| | Bulmoro Santico (A) | | |
| <u>Seat ID #</u> | Family Child Care Home | Seat ID # | Apostolic CDC, Inc. |
| 23 | Nancy Lopez (R) | 26 | Latresa Chapelle (R) |
| | | | Erica Williams (A) |
| Seat ID # | A Step Above | <u>Seat ID #</u> | Emmanuel EHS |
| 27 | Danielle S. Herbert (R) | 28 | Zaveka Miller (R) |
| | | | Stephanie Baker (A) |
| Seat ID # | King's Kids | Seat ID # | San Castle |
| 29 | Joscelyn I. Walker (R) | 31 | Elda Molina (R) |
| | Mary L. Joseph (A) | | Annette Hamilton (A) |
| | Mary Christie (A) | | Patricia Rosales (A) |
| Seat ID # | South Bay, EHS | | |
| 32 | Sharicia V. Allen (R) | | |
| | Johnathan Bolanos (A) | | |
| | | | |
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Summary: (cont'd on Page 3)

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

Attachments:

- 1. Head Start/Early Head Start Policy Council Resolution Number R-2006-1878
- 2. Board Appointment Information Forms
- Head Start/Early Head Start Policy Council Current Board Member Listing 3.

<u>3-24-2008</u> Date Recommended by: _____ **Department Director**

3-26-08

Legal Sufficiency:

Assistant County Attorney

Page 2

II. <u>REVIEW COMMENTS</u>

A. Other Department Review:

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

Page 3

Summary: The term of appointment for parent representatives and alternates to the Head Start/Early Head Start (HS/EHS) Policy Council is no more than three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the HS/EHS program. The Council is comprised of thirty-three (33) members, of which nine (9) must be representatives of the community. The remaining membership is comprised of parents whose children are actively enrolled in the HS/EHS program. The HS/EHS start Policy Council has recommended these individuals for appointment. (Head Start) <u>Countywide</u> (TKF)

Background and Justification: The authority for the HS/EHS Policy Council is provided by 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.

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| Board Name: Head Sta | rt/Early Head Start | Policy Counc | xil | | | | |
|---|---|------------------------|----------------------------|-----------------------------|---------------|----------|------------|
| At Large App | pointment | or | Distric | t Appo | intment | | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08 | То: | 09/2 | 6/2009 |
| Seat Requirement: Repr | esentative - Boynton | Beach | | | Seat #: | 10 | |
| * Reappointme | nt | or | New A | ppointr | nent | | |
| or 7 to complete th term of | he Stephanie Tayl | ior | Due to: | | resignat | tion | other |
| Completion of term to expire on: | 09/26/2009 | | | | | | |
| Part II: APPLIC | ANT, UNLESS EX | EMPTED, M | UST BE A C | COUNI | Y RESI | DENI | • |
| Name: Saintizaire, | · · · · · · · · · · · · · · · · · · · | | Torlande | | | | |
| | Last | | First | | | Middl | e |
| Occupation/Affiliation: | | | | | | | |
| Business Name: | | | | | | | |
| Business Address: | | | | | | | |
| City & State | | ···· • • • • • • • • • | Zi | p Code | : | | |
| | | | | | | | |
| Residence Address: | 3255 Grove Road | | | | | | |
| City & State | Boynton Beach, FL | - | Zi | p Code | :: <u>33</u> | 435 | |
| Home Phone: | 540-5826 | Busir | ness Phone: | | | | ext. |
| Cell Phone: (|) | Fax: | | () | | | |
| Email Address: | <u> </u> | | | | | | |
| Mailing Address prefer | rence: 🔲 Busines | s Address 🔽 |] Residence | | | | |
| Minority Identification IF (Native-America AF (Asian-Americar BF (African-Americ HF (Hispanic-Ameri WF(Caucasian Fema | n Female) 1 Female) an Female) 1 can Female) | BM (Afr HM (His | an-Americar ican-Americ | n Male) an Mal can Ma | e) | | |
| Part III: COMMISSI | ONER COMMEN | TS | | | | | |
| Appointment to be made | e at BCC Meeting of | n: <u>April 1,</u> | 2008 | | | • | |
| *When a person is beir conflicts shall be consid | | | | | revious | disclo | sed voting |
| Number of pre | viously disclosed vo | oting conflicts | during the p | revious | s term | | |
| Signature: | | | Da | te: | , - 1 - 1 - I | | <u> </u> |
| Pursuant to Florida's Publ and photocopied by memb | | document may 1 | be reviewed | | Revi | sed 6/20 | 07 |

| Board Name: Head Sta | rt/Early Head Star | t Policy Coun | cil | | | |
|---|---|-------------------------------|---|-------------------------------|---------------------|-------------|
| 🗸 At Large App | pointment | or | Distric | t Appoi | ntment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08 | To:09/ | 26/2009 |
| Seat Requirement: Altern | ate - Boynton Beach | <u>h</u> | | | Seat #: <u>10-A</u> | <u> </u> |
| * Reappointme | nt | or | 🗖 New A | ppointm | nent | |
| or to complete th term of Completion of term to | ne Tracy Saunder | rs | Due to: | | resignation | other |
| expire on: | 09/26/2009 | | | | | |
| Part II: APPLIC | ANT, UNLESS EX | KEMPTED, M | UST BE A C | COUNT | Y RESIDEN | T |
| Name: Hernandez, | | | Eunice | | | 11 |
| | Last | | First | | Midd | lle |
| Occupation/Affiliation: | | | | | | |
| Business Name: | | | | | i | |
| Business Address: | | | | | | |
| City & State | | | Zi | ip Code | : | |
| | | | | | | |
| Residence Address: | 1112 S.E. 3rd Stree | t | | | | |
| City & State | Boynton Beach, Fl | L | Zi | ip Code | 33435 | |
| Home Phone:(56 | 1) 536-8170 | Busi | ness Phone: | () | | ext. |
| Cell Phone: (|) | Fax: | | (_) | | |
| Email Address: | | | | | | |
| Mailing Address prefer | rence: 🔲 Busines | ss Address | Residence | | | |
| Minority Identification IF (Native-America AF (Asian-Americar BF (African-Americ FHF (Hispanic-Americ WF(Caucasian Fema | n Female) 1 Female) an Female) can Female) | AM (As BM (Af HM (His | ive-American ian-American rican-Americ panic-Ameri ucasian Male | n Male) an Male can Mal | e) | |
| Part III: COMMISSI | ONER COMMEN | ITS | | | | |
| Appointment to be made | e at BCC Meeting o | on: <u>April 1</u> | , 2008 | | | |
| *When a person is beir conflicts shall be consid | ig considered for i lered by the Board | re-appointme d of County (| nt, the numb Commissione | per of p ers. | revious discl | osed voting |
| Number of pre | viously disclosed v | oting conflict | s during the p | previous | term | |
| Signature: | | | Da | ite: | | |
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| Board Name: Head Star | t/Early Head Star | t Policy Coun | cil | | | |
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| ✓ At Large App | ointment | or | Distric | t Appoint | ment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08 T | `o: <u>09/</u> 2 | 26/2009 |
| Seat Requirement: Repres | sentative - Jupiter | | t | S | eat #: <u>11</u> | |
| * Reappointmer | nt | or | New A | opointme | nt | |
| or to complete the term of Completion of term to expire on: | e Cristina Martin 09/26/2009 | lez | Due to: | n re | esignation | • other |
| - | ANT, UNLESS EX | EMPTED, M | UST BE A C | COUNTY | RESIDEN | T |
| Name: Gaynes, | | | Edward | | H. | |
| | Last | | First | | Midd | lle |
| Occupation/Affiliation: | | | | | | |
| Business Name: | | | | | | |
| Business Address: | | | Zi | p Code: | | |
| City & State | | | 2 | p couo. | <u></u> | <u> </u> |
| Residence Address: | 7388 165th Street | | | | | |
| City & State | Palm Beach Garde | ens, FL | Zi | p Code: | 33458 | |
| Home Phone: (561 | 1) 741-8011 | Busin | ness Phone: | (561) 8 | 18-9486 | ext. |
| Cell Phone: (|) | Fax: | | () | | |
| Email Address: | | | | | | |
| Mailing Address prefer | ence: 🔲 Busines | ss Address 🔽 |] Residence | | | |
| Minority Identification IF (Native-American AF (Asian-American BF (African-America) HF (Hispanic-Americ) WF(Caucasian Femal | n Female) Female) in Female) can Female) | AM (Asi | | n Male) an Male) can Male) | | |
| Part III: COMMISSIO | DNER COMMEN | TS | | | | |
| Appointment to be made | at BCC Meeting o | on: April 1, | 2008 | | | |
| *When a person is bein conflicts shall be consid | | | | | vious discl | osed voting |
| Number of prev | viously disclosed v | oting conflicts | during the p | revious te | erm | |
| Signature: | - | - | _ | | | |
| Pursuant to Florida's Public and photocopied by membe | c Records Law, this | | be reviewed | | Revised 6/2 | 007 |

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| Board Name: Head | d Start/Early Head St | art Policy Cou | ncil | | | |
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| 🗸 At Large | e Appointment | or | 🔲 Distric | t Appoin | itment | |
| Term of Appointment | nt: Years. | From: | 04/01/20 | 08 | Го:09/ | 26/2009 |
| Seat Requirement: A | Alternate - Jupiter | | | \$ | Seat #: <u>11-A</u> | ۱ |
| □ *Reappoin | ntment | or | 🗖 New A | ppointme | ent | |
| or 🔽 to comple | | | Due | | esignation | • other |
| term of Completion of term | Dina Albizur to | es | to: | | | |
| expire on: | 09/26/2009 | | | | | |
| | PLICANT, UNLESS E | EXEMPTED, I | MUST BE A C | COUNTY | | |
| Name: Smith, | Last | | Terry First | | Ann Mide | |
| | | | | | | |
| Occupation/Affiliati | .on: | | | | | |
| Business Name: | | | ×. II | | | |
| Business Address: | | | | | | |
| City & State | | | Zi | ip Code: | | |
| | | | | | | |
| Residence Address: | 17344 Sapp Place | 9 | | | 1784° A | |
| City & State | Jupiter, FL | | Zi | ip Code: | 33458 | · · · · · |
| Home Phone: | (561) 747-7650 | Bus | siness Phone: | _(_)_ | | ext. |
| Cell Phone: | (561) 319-2586 | Fax | : | () | | |
| Email Address: _ | | | | | | |
| Mailing Address p | reference: 🔲 Busin | ess Address | Residence | | | |
| Minority Identifica IF (Native-Ame AF (Asian-Ame BF (African-Ame HF (Hispanic-A WF(Caucasian F | erican Female) rican Female) nerican Female) merican Female) | ☐ AM (A ☐ BM (A ☐ HM (H | ative-American sian-American frican-Americ ispanic-Americ aucasian Male | n Male) an Male) can Male |) | |
| Part III: COMMI | ISSIONER COMME | INTS | | | | |
| Appointment to be r | made at BCC Meeting | on: <u>April</u> | I, 2008 | | | |
| | being considered for onsidered by the Boa | | | | evious discl | osed voting |
| Number of | f previously disclosed | voting conflic | ts during the p | revious t | erm | |
| Signature: | | | _ Da | te: | | |
| Pursuant to Florida's and photocopied by m | Public Records Law, thin nembers of the public. | is document may | y be reviewed | | Revised 6/2 | 2007 |
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| Board Name: Head Sta | rt/Early Head Star | rt Pol | icy Counc | cil | | | | | |
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| 🗸 At Large App | pointment | or | | Distric | t Appoi | intment | | | |
| Term of Appointment: | Years. | | From: | 04/01/20 | 08 | То: | 09/26 | /2009 | |
| Seat Requirement: Repre | esentative - Palm G | lades | | | | Seat #: | 13 | | |
| * Reappointme | nt | or | | New Aj | ppointn | nent | | | |
| or 了 to complete th term of Completion of term to | Yolanda Warr | en | | Due to: | | resignat | ion [| T | other |
| expire on: | 09/26/2009 | | | | | W BECH | | | |
| | ANT, UNLESS EX | XEMI | PIED, M | | JUNI | Y KESH | UENI | | |
| Name: Saddler, | Last | | | Marcus First | <u> </u> | | Middle | | |
| Occupation/Affiliation: | Salesman | | | | | | | | |
| Business Name: | Saddler's Affordat | ole Se | ervices, Inc | | | | | | |
| Business Address: | 224 N.W. 14th St. | | | | | | | , <u></u> | |
| City & State | Belle Glade, FL | | • | Zi | p Code | : <u>33</u> 4 | 430 | | <u></u> |
| Residence Address: | Same As Above | | | | | | | | |
| City & State | | | | Zi | p Code | : | | | |
| Home Phone:(56 | 1) 992-4007 | | Busir | ness Phone: | (561) | 449-1513 | | ext. | <u> </u> |
| Cell Phone: (56 | 1) 449-1513 | | Fax: | | () | | | a. | |
| Email Address: | | | | | <u> </u> | | | | |
| Mailing Address prefer | ence: 🔲 Busine | ss Ad | dress 🔽 |] Residence | | | | | |
| Minority Identification IF (Native-America AF (Asian-American BF (African-American HF (Hispanic-Ameri WF(Caucasian Fema | n Female) 1 Female) an Female) can Female) | | AM (Asi BM (Afr HM (Hisp | ve-American an-American ican-America panic-Americ icasian Male | n Male) an Mal can Ma | e) | | | |
| Part III: COMMISSI | ONER COMME | NTS | | | | | | | |
| Appointment to be made | e at BCC Meeting of | on: | April 1, | 2008 | | | | | |
| *When a person is bein conflicts shall be consid | | | | | | revious | disclos | ed vo | ting |
| Number of pre | viously disclosed v | voting | g conflicts | during the p | revious | s term | | | |
| Signature: | | | | Dat | te: | | | - | |
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| Part I: | |
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| Board Name: Head Sta | rt/Early Head Sta | rt Policy Cour | ncil | , , | |
|--|---|-----------------------------------|--|------------------|-----------------|
| 🔽 At Large Ap | pointment | or | District A | ppointment | |
| Term of Appointment: | Years. | From: | 04/01/2008 | То: | 09/26/2009 |
| Seat Requirement: Altern | nate - Palm Glades | | | Seat #: | 13-A |
| * Reappointme | ent | or | 🔽 New App | ointment | |
| or to complete the term of | he | | Due [to: | resignati | on 🕜 other |
| Completion of term to expire on: | | | | | |
| Part II: APPLIC | ANT, UNLESS EX | XEMPTED, N | IUST BE A CO | UNTY RESID | DENT |
| Name: Cardova, | | | Marlene | | |
| · · · · · | Last | | First | Ν | Aiddle |
| Occupation/Affiliation: | Cashier | | | | |
| Business Name: | Tri Management C | Corp. | | | |
| Business Address: | | · . | | | |
| City & State | | | Zip | Code: | |
| Residence Address: | 28 Everglades Pl. | | | | |
| City & State | Belle Glade, FL | | Zip | Code: <u>334</u> | 30 |
| Home Phone:56 | 1) 992-6280 | Bus | iness Phone: | () | ext. |
| Cell Phone: | 61) 261-4611 | Fax | (|) | |
| Email Address: | | | | | |
| Mailing Address prefer | rence: 🔲 Busine | ss Address [| Residence | | |
| Minority Identification IF (Native-America AF (Asian-Americar BF (African-Americ FHF (Hispanic-Ameri WF(Caucasian Fema | n Female) 1 Female) an Female) can Female) | ☐ AM (As ☐ BM (Af ☐ HM (His | tive-American In sian-American M rican-American spanic-Americar sucasian Male) | /ale) Male) | |
| Part III: COMMISSI | ONER COMMEN | NTS | | | |
| Appointment to be made | e at BCC Meeting of | on: April 1 | , 2008 | | |
| *When a person is bein conflicts shall be consid | | | | | isclosed voting |
| Number of pre | viously disclosed v | voting conflict | s during the prev | vious term | |
| Signature: | | | Date: | | |
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| | | document may | be reviewed | Revise | d 6/2007 |

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| Board Name: Head Start/Early Head Start Policy Council |
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| At Large Appointment or District Appointment |
| Term of Appointment: Years. From: 04/01/2008 To: 09/26/2009 |
| Seat Requirement: Alternate - Palm Glades Seat #: 13-B |
| T *Reappointment or TNew Appointment |
| or to complete the term of to: Due resignation of term to expire on: |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name: Galvan, Maria |
| Last First Middle |
| Occupation/Affiliation: |
| Business Name: |
| Business Address: |
| City & State Zip Code: |
| Residence Address: 28 Everglades Pl. City & State Belle Glade, FL Zip Code: 33430 Home Phone: () Business Phone: () ext. |
| |
| Cell Phone: (561) 261-4611 Fax: () |
| Email Address: |
| Mailing Address preference: Business Address Residence Minority Identification Code: IM (Native-American Indian Male) AF (Asian-American Female) IM (Native-American Indian Male) AF (Asian-American Female) AM (Asian-American Male) BF (African-American Female) BM (African-American Male) HF (Hispanic-American Female) HM (Hispanic-American Male) WF(Caucasian Female) WM (Caucasian Male) |
| Part III: COMMISSIONER COMMENTS |
| Appointment to be made at BCC Meeting on: April 1, 2008 |
| *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. |
| Number of previously disclosed voting conflicts during the previous term |
| Signature: Date: |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. |

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| Board Name: Head Start/Early Head Start Policy Council | |
|---|----------|
| At Large Appointment or District Appointment | |
| Term of Appointment: Years. From: 04/01/2008 To: 09/26/2009 | |
| Seat Requirement: Representative - Delray Beach HS Seat #: 14 | |
| T *Reappointment or New Appointment | |
| term of <u>Nadleen Seraphin</u> to: | other |
| Completion of term to expire on: 09/26/2009 | |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT | |
| Name: Young, Frances | |
| Last First Middle | |
| Occupation/Affiliation: Retired | |
| Business Name: | |
| Business Address: | |
| City & State Zip Code: | |
| Residence Address: 332 S. Swinton Ave. City & State Delray Beach, FL Zip Code: 33444 | |
| | <u> </u> |
| | |
| Cell Phone: (561) 715-8964 Fax: () Email Address: | |
| · · · · · · · · · · · · · · · · · · · | |
| Mailing Address preference: Business Address Residence Minority Identification Code: IM (Native-American Indian Male) AF (Asian-American Female) IM (Native-American Indian Male) AF (Asian-American Female) AM (Asian-American Male) BF (African-American Female) BM (African-American Male) HF (Hispanic-American Female) HM (Hispanic-American Male) WF (Caucasian Female) WM (Caucasian Male) | |
| Part III: COMMISSIONER COMMENTS | |
| Appointment to be made at BCC Meeting on: April 1, 2008 | |
| *When a person is being considered for re-appointment, the number of previous disclosed voti conflicts shall be considered by the Board of County Commissioners. | ing |
| Number of previously disclosed voting conflicts during the previous term | |
| Signature: Date: | |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. | |

| Part | I: |
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| Board Name: Head Sta | art/Early Head Star | t Policy Coun | cil | | | |
|--|---|------------------------------|---|-------------------------------|---------------------|-------------|
| At Large Ap | pointment | or | Distric | t Appoi | ntment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08 | To:09/ | 26/2009 |
| Seat Requirement: Altern | nate - Delray Beach | HS | · · · · · · | , | Seat #: <u>14-A</u> | \ |
| * Reappointme | ent | or | New A | ppointn | nent | |
| or to complete t term of Completion of term to expire on: | he Gloria Bostwic 09/26/2009 | k | Due to: | | resignation | ✓ other |
| Part II: APPLIC | ANT, UNLESS EX | EMPTED, M | UST BE A C | COUNT | Y RESIDEN | T |
| Name: Valceus, | | | Valentia | | | |
| | Last | | First | | Mide | dle |
| Occupation/Affiliation: | Student | | | | | |
| Business Name: | | | | | | |
| Business Address: | | | | | | |
| City & State | | | Zi | ip Code | : | |
| Residence Address: | 2986 Angler Rd. | | | | | |
| City & State | Delray Beach, FL | | Zi | ip Code | : 33445 | |
| Home Phone: (56 | 61) 732-7724 | Busin | ness Phone: | () | | ext. |
| Cell Phone: (56 | 61) 853-5010 | Fax: | | () | | <u>.</u> |
| Email Address: | Name | | | | | |
| Mailing Address prefe | rence: 🔲 Busines | ss Address | Residence | | | |
| Minority Identification IF (Native-America AF (Asian-America F) BF (African-Americ HF (Hispanic-Americ WF(Caucasian Fema | in Female) n Female) an Female) ican Female) | AM (As BM (Afr HM (His | ive-Americar ian-Americar ican-Americ panic-Americ ucasian Male | n Male) an Male can Mal | e) | |
| Part III: COMMISSI | ONER COMMEN | ITS | | | | |
| Appointment to be made | e at BCC Meeting o | on: <u>April 1,</u> | 2008 | | . <u> </u> | |
| *When a person is bein conflicts shall be consid | | | | | revious discl | osed voting |
| Number of pre | viously disclosed v | oting conflicts | during the p | revious | term | |
| Signature: | | | Da | te: | | |
| Pursuant to Florida's Publ and photocopied by memb | | document may | be reviewed | | Revised 6/2 | 2007 |

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| Board Name: Head Start/Early Head Start Policy Council |
|---|
| At Large Appointment or District Appointment |
| Term of Appointment: Years. From: 04/01/2008 To: 09/26/2009 |
| Seat Requirement: Alternate - Delray Beach HS Seat #: 14-B |
| r Reappointment or New Appointment |
| or to complete the Due resignation 7 oth |
| term of to: |
| |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name:Mythil,MiglaiseLastFirstMiddle |
| |
| Occupation/Affiliation: Levin Home Care/Nurse |
| Business Name: Levin Home Care |
| Business Address: |
| City & State Zip Code: |
| |
| Residence Address: 646 Angler Rd. |
| City & State Delray Beach, FL Zip Code: 33445 |
| Home Phone: (561) 306-9916 Business Phone: () ext. |
| Cell Phone: () Fax: () |
| Email Address: |
| Mailing Address preference: 🔲 Business Address 📝 Residence |
| Minority Identification Code:IF (Native-American Female)IM (Native-American Indian Male)AF (Asian-American Female)AM (Asian-American Male)BF (African-American Female)BM (African-American Male)HF (Hispanic-American Female)HM (Hispanic-American Male)WF(Caucasian Female)WM (Caucasian Male) |
| Part III: COMMISSIONER COMMENTS |
| Appointment to be made at BCC Meeting on: April 1, 2008 |
| *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. |
| Number of previously disclosed voting conflicts during the previous term |
| Signature: Date: |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. |

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

| ADVISORY BOARD NOMINEE INFORMATION FORM Part I: |
|--|
| |
| Board Name: Head Start/Early Head Start Policy Council |
| At Large Appointment or District Appointment |
| Term of Appointment: Years. From: 04/01/2008 To: 09/26/2009 |
| Seat Requirement: Representative - Pahokee Seat #: 15 |
| □*Reappointment or □ New Appointment |
| or to complete the Due resignation other term of Sirleana Nobles to: |
| expire on: 09/26/2009 |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name: Fulton, Lorraine |
| Last First Middle |
| Occupation/Affiliation: |
| Business Name: |
| Business Address: |
| City & State Zip Code: |
| Residence Address: 875 Padgett Circle City & State Pahokee, FL Zip Code: 33476 |
| Home Phone: (561) 924-2192 Business Phone: () ext. |
| Cell Phone: (561) 277-0844 Fax: () |
| Email Address: |
| Mailing Address preference: Business Address Residence |
| Minority Identification Code: IM (Native-American Indian Male) IF (Native-American Female) IM (Native-American Indian Male) AF (Asian-American Female) AM (Asian-American Male) BF (African-American Female) BM (African-American Male) HF (Hispanic-American Female) HM (Hispanic-American Male) WF(Caucasian Female) WM (Caucasian Male) |
| Part III: COMMISSIONER COMMENTS |
| Appointment to be made at BCC Meeting on: April 1, 2008 |
| *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. |
| Number of previously disclosed voting conflicts during the previous term |
| Signature: Date: |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 |

and photocopied by members of the public.

| Part | Į | |
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| Board Name: Head Start/Early Head Start Policy Council |
|---|
| At Large Appointment or District Appointment |
| Term of Appointment: Years. From: 04/01/2008 To: 09/26/2009 |
| Seat Requirement: Alternate - Pahokee Seat #: 15-A |
| Reappointment or New Appointment |
| or to complete the term of Tina Vann Completion of term to |
| expire on: 09/26/2009 |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name: Miller, Joenisha Last First Middle |
| |
| Occupation/Affiliation: |
| Business Name: |
| Business Address: |
| City & State Zip Code: |
| Residence Address: 319 Shirley Drive |
| |
| City & State Pahokee, FL Zip Code: 33476 |
| Home Phone: (561) 924-6099 Business Phone: () ext. |
| Cell Phone: (561) 261-1359 Fax: () |
| Email Address: |
| Mailing Address preference: 🔄 Business Address 📝 Residence |
| Minority Identification Code:IF (Native-American Female)IM (Native-American Indian Male)AF (Asian-American Female)AM (Asian-American Male)BF (African-American Female)BM (African-American Male)HF (Hispanic-American Female)HM (Hispanic-American Male)WF(Caucasian Female)WM (Caucasian Male) |
| Part III: COMMISSIONER COMMENTS |
| Appointment to be made at BCC Meeting on: April 1, 2008 |
| *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. |
| Number of previously disclosed voting conflicts during the previous term |
| Signature: Date: |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. |

| Part | I: |
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| | |

| Board Name: Head Sta | rt/Early Head Star | t Policy Cour | cil | | <u>,</u> |
|---|---|-----------------------------|--|--------------------------|-----------|
| 🗸 At Large App | pointment | or | District A | ppointment | |
| Term of Appointment: | Years. | From: | 04/01/2008 | To:09/26/2009 | 9 |
| Seat Requirement: Repre | esentative - Westgat | e | <u></u> | Seat #: 16 | |
| * Reappointme | nt | or | New App | bintment | |
| or 7 to complete th term of | ie <u>Clairasena My</u> | rick | Due [to: | resignation | other |
| Completion of term to expire on: | 09/26/2009 | | | | |
| Part II: APPLIC | ANT, UNLESS EX | EMPTED, M | UST BE A CO | UNTY RESIDENT | |
| Name: Harris, | | | Blondsha | | |
| | Last | | First | Middle | - <u></u> |
| Occupation/Affiliation: | Homemaker | | | | |
| Business Name: | | | | | |
| Business Address: | | | | | |
| City & State | | | Zip (| Code: | |
| | 3105 Grandiflora Dri | | | · · | |
| City & State | Lake Worth, FL | | Zip C | Code: <u>33467</u> | |
| Home Phone: (56 | 1) 633-5936 | Busi | ness Phone: |) ext | • |
| Cell Phone: (56 | 1) 598-1430 | Fax: | _(|) | |
| Email Address: | | | | | |
| Mailing Address prefer | ence: 🔲 Busines | s Address | Residence | | |
| Minority Identification I IF (Native-American AF (Asian-American BF (African-America HF (Hispanic-Americ WF(Caucasian Fema) | n Female) Female) In Female) can Female) | AM (As BM (Af HM (His | ive-American Ir ian-American M rican-American panic-American ucasian Male) | ale) Male) | |
| Part III: COMMISSIO | DNER COMMEN | TS | | | |
| Appointment to be made | at BCC Meeting o | n: April 1 | 2008 | | |
| *When a person is bein conflicts shall be consid | | | | of previous disclosed vo | oting |
| Number of prev | viously disclosed ve | oting conflicts | s during the prev | ious term | |
| Signature: | - | - | | | |
| Pursuant to Florida's Public and photocopied by member | c Records Law, this o | | | Revised 6/2007 | |

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| Part I: | | | | UNIT | 110 | IN FOR | LIV. | | |
|--|--|--------------|--|-----------------------------------|-----------------------------|-------------|----------|--------|----------|
| Board Name: Head Sta | art/Early Head Star | t Policy (| Council | | | | | | |
| At Large Ap | pointment | or | |] Distric | t Appo | intment | | | |
| Term of Appointment: | Years. | Fre | om: | 04/01/20 | 08 | То: | 09/2 | 6/2009 |) |
| Seat Requirement: Altern | nate - Westgate | | | | | Seat #: | 16-A | | |
| T *Reappointme | ent | or | |] New Aj | ppointr | nent | | | |
| or r to complete the term of | he Blondsha, Har | ris | | Due to: | | resignat | ion | | other |
| Completion of term to expire on: | 09/26/2009 | | | | | | | | |
| Part II: APPLIC | ANT, UNLESS EX | <i>EMPTE</i> | D, MUS | T BE A C | COUNT | Y RESI | DENT | 7 | |
| Name: Saez, | | | F | Rosetta | | | | | |
| · · · | Last | | | First | | | Middl | e | |
| 0 | | | | | | | | | |
| Occupation/Affiliation: | Homemaker | | | | | | -4.21 | | |
| Business Name: | | | | | | | | | |
| Business Address: | | | | | | | | | |
| City & State | | | | Zi | p Code | »: | | | |
| Residence Address: | 1838 Abbey Road # | K-102 | | | | | | | |
| City & State | West Palm Beach, | FL | | Zi | p Code | : <u>33</u> | 409 | | |
| Home Phone: | 61) 502-2866 | | Business | Phone: | () | | | ext | |
| Cell Phone:(56 | 61) 502-5121 | | Fax: | | () | | | | <u>.</u> |
| Email Address: | | | | | | | | | |
| Mailing Address prefe | r ence: 🔲 Busines | s Addres | s 🔽 R | esidence | | | | | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-Americ HF (Hispanic-Ameri WF(Caucasian Fema | n Female) n Female) an Female) ican Female) | | (Native- I (Asian- I (Africar (Hispani I (Caucas | American 1-America c-Americ | i Male) an Mal can Ma | e) | | | |
| Part III: COMMISSI | ONER COMMEN | TS | | | | | | | |
| Appointment to be made | e at BCC Meeting of | n: <u>Ap</u> | oril 1, 200 |)8 | | | | | |
| *When a person is beir conflicts shall be consid | | | | | | revious | disclo | sed vo | oting |
| Number of pre | viously disclosed v | oting con | flicts dur | ing the p | revious | s term | | | |
| Signature: | | | | Dat | te: | | | _ | |
| Pursuant to Florida's Publ and photocopied by memb | | document | may be re | eviewed | | Revi | sed 6/20 | 07 | |

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| Board Name: Head Sta | art/Early Head Star | rt Policy Counc | cil | |
|--|---|-----------------|--|---------------------------------------|
| 🖌 At Large Ap | pointment | or | District Appo | bintment |
| Term of Appointment: | Years. | From: | 04/01/2008 | To:09/26/2009 |
| Seat Requirement: Repr | esentative - Lake W | orth | | Seat #: <u>17</u> |
| * Reappointme | ent | or | New Appoint | ment |
| or 🔽 to complete t term of Completion of term to | he Andrea Poitier | r | Due 🗖 to: | resignation 🔽 other |
| expire on: | 09/26/2009 | | | |
| Part II: APPLIC | CANT, UNLESS EX | XEMPTED, M | UST BE A COUNT | TY RESIDENT |
| Name: Moorer, | Lost | | Gary | Middle |
| | Last | | First | Middle |
| Occupation/Affiliation: | Nurse Assistant | | | |
| Business Name: | Catalino's Nursing | Registry | | · · · · · · · · · · · · · · · · · · · |
| Business Address: | 15200 Jog Road | | | |
| City & State | Delray Beach, FL | | Zip Code | e: <u>33406</u> |
| | | | | |
| Residence Address: | 6335 Pinestead Dr. | #912 | <u></u> | |
| City & State | Lake Worth, FL | - | Zip Code | e: <u>33463</u> |
| Home Phone:(|) | Busin | ess Phone: () | ext. |
| Cell Phone: (56 | 61) 541-1146 | Fax: | () | |
| Email Address: | | | | |
| Mailing Address prefe | rence: 🔲 Busines | ss Address 🔽 |] Residence | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-Americ HF (Hispanic-Ameri WF(Caucasian Fema | n Female) n Female) van Female) ican Female) | AM (Asia | ve-American India an-American Male can-American Mal panic-American Ma casian Male) |) e) |
| Part III: COMMISSI | ONER COMMEN | ITS | | |
| Appointment to be made | e at BCC Meeting c | on: April 1, | 2008 | |
| *When a person is bein conflicts shall be consid | | | | previous disclosed voting |
| Number of pre | viously disclosed v | oting conflicts | during the previous | s term |
| Signature: | | | Date: | |
| Pursuant to Florida's Publ and photocopied by memb | ic Records Law, this pers of the public. | document may b | e reviewed | Revised 6/2007 |

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| Board Name: Head Sta | rt/Early Head Star | t Poli | cy Coun | cil | | | | |
|--|---|---------------|--------------------------------|---|-------------------------------|--------------------|-------------|------|
| 🖌 At Large App | pointment | or | | Distric | t Appoi | intment | | |
| Term of Appointment: | Years. | | From: | 04/01/20 | 08 | To:09/ | 26/2009 | |
| Seat Requirement: Alterr | ate - Lake Worth | | | | | Seat #: <u>17-</u> | <u> </u> | |
| * Reappointme | nt | or | | 🗖 New Ap | opointn | nent | | |
| or i to complete th term of Completion of term to | ne Nakia Harp | | | Due to: | | resignation | 7 01 | ther |
| expire on: | 09/26/2009 | - | | | | | | |
| Part II: APPLIC. | ANT, UNLESS EX | <i>EMP</i> | PTED, M | UST BE A C | COUNT | Y RESIDEN | T | |
| Name: Kemp, | | | | Featger | | | | |
| | Last | | | First | | Mide | ile | |
| Occupation/Affiliation: | House Keeper | | | | | | <u></u> | |
| Business Name: | Feather's Houseke | eping | l | | | | | |
| Business Address: | 4275 Brentwood Cl | t | | | | | | _,,. |
| City & State | West Palm Beach | , FL | | Zi | p Code | : 33406 | <u>,_</u> | |
| Residence Address: | Same As Above | | | | | | | |
| City & State | · · · · · | | | Zi | p Code | : | | |
| Home Phone: |) | | Busin | ness Phone: | () | | ext. | |
| Cell Phone: (56 | 1) 856-1130 | | Fax: | | <u>()</u> | | | |
| Email Address: | . + | | | | | | | |
| Mailing Address prefer | ence: 🔲 Busines | ss Add | iress 🔽 |] Residence | | | | |
| Minority Identification IF (Native-America AF (Asian-American BF (African-Americ HF (Hispanic-Ameri WF (Caucasian Fema | n Female) 1 Female) an Female) can Female) | | AM (Asi BM (Afr HM (Hisj | ive-American an-American ican-America panic-Americ icasian Male | an Male) an Male an Mal | e) | | |
| Part III: COMMISSI | ONER COMMEN | TS | | | | | | |
| Appointment to be made | at BCC Meeting o | n: | April 1, | 2008 | | ame | | |
| *When a person is bein conflicts shall be consid | | | | | | revious discl | osed voti | ng |
| Number of pre | viously disclosed v | oting | conflicts | during the p | revious | term | | |
| Signature: | | | | Dat | te: | | | |
| Pursuant to Florida's Publi and photocopied by memb | | docum | nent may | | | Revised 6/2 | 2007 | |
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| <u>Part I:</u> |
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| At Large App | ointment | or | District | Appoin | tment | |
|--|---|-----------------------------------|---|-----------------------------|---------------------|---------------|
| Term of Appointment: | | Fro | | •• | [o: 09 | 9/26/2009 |
| | | | | | | |
| Seat Requirement: <u>Altern</u> | late - Emmanuel E | HS | | | Seat #: <u>28</u> - | ·A |
| * Reappointme | nt | or | 🖸 New Ap | pointme | ent | |
| or to complete the term of Completion of term to expire on: | ne | | Due to: | | esignation | othe |
| Part II: APPLIC | ANT, UNLESS E | XEMPTE | D, MUST BE A C | OUNTY | RESIDE | NT |
| Name: Baker, | | | Stephanie | • | | |
| | Last | | First | | Mie | ddle |
| Occupation/Affiliation: | | | | | | <u></u> |
| Business Name: | | | | | | ,, |
| Business Address: | | | | | | • |
| City & State | | | Zij | o Code: | | |
| | | | | | | |
| Residence Address: | 4266 Wood Stock | Drive, #D | 1 | | <u>-</u> | |
| City & State | West Palm Beac | n, FL | Zij | p Code: | 33409 | 9 |
| Home Phone: | 1) 602-6548 | | Business Phone: | () | | ext. |
| Cell Phone: (|) | | Fax: | () | | |
| Email Address: | | | | | | |
| Mailing Address prefer | rence: 🔽 Busin | ess Addres | Residence | | | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-Americ HF (Hispanic-Ameri WF(Caucasian Fema | a Code: In Female) In Female) Ian Female) Ican Female) | IM AM BM HM | (Native-American (Asian-American (African-America (Hispanic-Americ (Caucasian Male) | Male) an Male an Male |) | |
| Part III: COMMISSI | ONER COMME | NTS | | | | |
| Appointment to be made | e at BCC Meeting | on: <u>Ap</u> | ril 1, 2008 | | | |
| *When a person is bein conflicts shall be consid | ng considered for dered by the Boa | re-appoin rd of Cour | tment, the numb ty Commissione | er of pr rs. | evious dis | closed voting |
| Number of pre | viously disclosed | voting con | flicts during the p | revious | term | |
| Signature: | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Dat | te: | | |
| | | a dooumont | may be reviewed | | Revised | 6/2007 |
| Pursuant to Florida's Publ and photocopied by memb | ic Records Law, thi pers of the public. | s document | may be reviewed | | | |

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| Board Name: Head Start/E | arly Head Start Poli | icy Counci | 1 | | | | |
|--|---|-----------------------------------|--|-----------------------------|-------------|--------------|-------|
| At Large Appoin | tment or | | Distric | t Appo | intment | | |
| Term of Appointment: | Years. | From: | 04/01/20 | 008 | То: | 09/26/2009 | • |
| Seat Requirement: Represen | tative - King's Kids | | | | Seat #: | 29 | |
| *Reappointment | or | | 🗌 New A | ppointr | nent | | |
| or i to complete the term of | Crystal Dalrymple | | Due to: | | resignati | on 🔽 | other |
| Completion of term to expire on: | 09/26/2009 | | <u> </u> | | | | |
| Part II: APPLICANT | T, UNLESS EXEMI | PTED, MU | ST BE A C | COUNT | TY RESIL | DENT | |
| Name: Walker, | · | | Joscelyn | | | l | |
| I | ast | | First | | l | Middle | |
| | | | | | | | |
| Occupation/Affiliation: | | | | | | | |
| Business Name: | | | | | | | |
| Business Address: | | | | | · | | |
| City & State | · | | Z | ip Code | e: | | |
| | 55 Palm Hill Dr. #316 est Palm Beach, FL | | 7 | ip Code | 2: 334 | 115 | |
| · · · · · · · · · · · · · · · · · · · | | | | ip Cou | | | |
| Home Phone: () | | | ess Phone: | _(_) | | ext | • |
| · · · · · · · · · · · · · · · · · · · | 94-6272 | Fax: | | <u> ()</u> | | | |
| Email Address: | | ······ | | | | | |
| Mailing Address preference | e: 🔲 Business Ad | ldress 🔽 | Residence | | | | |
| Minority Identification Co IF (Native-American Fe AF (Asian-American Fe BF (African-American F HF (Hispanic-American WF(Caucasian Female) | emale) male) Pemale) Female) | AM (Asia BM (Afri HM (Hispa | ve-America n-America can-Americ anic-Ameri casian Male | n Male) an Mal can Ma |) .e) | | |
| Part III: COMMISSION | ER COMMENTS | | | | | | |
| Appointment to be made at l | BCC Meeting on: | April 1, 2 | 2008 | | | | |
| *When a person is being co conflicts shall be considere | | | | | orevious (| lisclosed vo | oting |
| Number of previou | isly disclosed voting | g conflicts o | during the p | reviou | s term | | |
| Signature: | | | Da | ite: | | | |
| Pursuant to Florida's Public Re and photocopied by members of | ecords Law, this docur of the public. | ment may b | e reviewed | | Revis | ed 6/2007 | |

| Part | Ŀ |
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| Board Name: Head St | tart/Early Head Sta | rt Policy Coun | cil | |
|--|---|---------------------------------------|---|---------------------------|
| ✓ At Large A | ppointment | or | District App | ointment |
| Term of Appointment: | Years. | From: | 04/01/2008 | To: 09/26/2009 |
| Seat Requirement: Alte | ernate - King's Kids | | · | _ Seat #: _29-A |
| * Reappointm | nent | or | New Appoint | ment |
| or to complete term of Completion of term to expire on: | the | | Due to: | resignation 🔽 other |
| <u>Part II:</u> APPLI | CANT, UNLESS E | XEMPTED, M | IUST BE A COUN | TY RESIDENT |
| Name: Joseph, | | | Mary | L. |
| | Last | | First | Middle |
| Occupation/Affiliation | : | | | |
| Business Name: | | | | |
| Business Address: | **** | | | |
| City & State | | | Zip Coc | le: |
| Residence Address: City & State | 5865 N. Haverhill F West Palm Beach | | Zip Coc | le: 33407 |
| | | Busi | |) ext. |
| | 561) 572-5044 | Busi Fax: | |) |
| Email Address: | 301) 372-3044 | Fax. | |) |
| | | | | - |
| Mailing Address pref Minority Identificatio IF (Native-Americ AF (Asian-Americ BF (African-Americ HF (Hispanic-Americ WF(Caucasian Fen | on Code: can Female) an Female) ican Female) prican Female) | IM (Na AM (As BM (Af HM (His | Y Residence tive-American India tian-American Male rican-American Ma spanic-American M succasian Male) | e) hle) |
| Part III: COMMISS | SIONER COMME | NTS | | |
| Appointment to be ma | de at BCC Meeting | on: <u>April 1</u> | , 2008 | |
| *When a person is be conflicts shall be cons | | | | previous disclosed voting |
| Number of p | reviously disclosed | voting conflict | s during the previou | ıs term |
| Signature: | | · · · · · · · · · · · · · · · · · · · | Date: | |
| Pursuant to Florida's Pul and photocopied by men | | s document may | be reviewed | Revised 6/2007 |

| Par | t | I: |
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| | | |

| Board Name: Head Start/Early Head Start Policy Council | |
|---|-------|
| At Large Appointment or District Appointment | |
| Term of Appointment: Years. From:04/01/2008 To:09/26/2009 | |
| Seat Requirement: Alternate - King's Kids Seat #: 29-B | |
| r Reappointment or New Appointment | |
| or to complete the Due resignation of to: | other |
| Completion of term to expire on: | |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT | |
| Name: Christie, Mary I. | |
| Last First Middle | |
| | |
| Occupation/Affiliation: | |
| Business Name: | |
| Business Address: | |
| City & State Zip Code: | |
| | |
| Residence Address: 5393 Eadie Place | |
| City & State West Palm Beach, FL Zip Code: 33407 | |
| Home Phone: (561) 809-4443 Business Phone: () ext. | |
| Cell Phone: () Fax: () | |
| Email Address: | |
| Mailing Address preference: Business Address Residence | |
| Minority Identification Code:IF (Native-American Female)IM (Native-American Indian Male)AF (Asian-American Female)AM (Asian-American Male)BF (African-American Female)BM (African-American Male)HF (Hispanic-American Female)HM (Hispanic-American Male)WF(Caucasian Female)WM (Caucasian Male) | |
| Part III: COMMISSIONER COMMENTS | |
| Appointment to be made at BCC Meeting on: April 1, 2008 | |
| *When a person is being considered for re-appointment, the number of previous disclosed vol conflicts shall be considered by the Board of County Commissioners. | ting |
| Number of previously disclosed voting conflicts during the previous term | |
| Signature: Date: | |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. | |

| P | art | I : |
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| Board Name: Head Sta | rt/Early Head Star | t Policy Coun | cil | | | |
|--|--|-------------------------------|---|------------------------------|----------------|--------------|
| 🗸 At Large App | pointment | or | Distric | t Appoi | ntment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 008 | To: <u>09/</u> | 26/2009 |
| Seat Requirement: Repre | esentative - San Cas | stle EHS | , | <u> </u> | Seat #: 31 | |
| * Reappointme | nt | or | New A | ppointn | nent | |
| or i to complete th | | | Due | | resignation | other |
| Completion of term to | | <u> </u> | to: | | | |
| expire on: | 09/26/2009 ANT, UNLESS EX | VEMOTED M | TICT DE A | COUNT | V PECINEN | T |
| | ANI, UNLESS EX | LEMITIED, MI | | .00111 | I RESIDEI | |
| Name: Molina, | Last | | Elda First | | Mide | lle |
| | | | | | | |
| Occupation/Affiliation: | Self-Employed | | | | | |
| Business Name: | <u></u> | | | | | |
| Business Address: | | | | | | |
| City & State | | | Z: | ip Code | : | |
| | | | | | | |
| Residence Address: | 1112 South Ridge F | Road | | | | |
| City & State | Lantana, FL | · | Z | ip Code | 33462 | |
| Home Phone: <u>(56</u> | 61) 215-4808 | Busi | ness Phone: | | · | ext. |
| Cell Phone: | 61) 201-1427 | Fax: | | () | | |
| Email Address: | | | | | | |
| Mailing Address prefer | rence: 🔲 Busine | ss Address | Residence | | | |
| Minority Identification IF (Native-America AF (Asian-Americar BF (African-Americ F) HF (Hispanic-Americ WF (Caucasian Fema | n Female) n Female) an Female) ican Female) | AM (As BM (Af HM (His | ive-America ian-America rican-Americ panic-Ameri ucasian Male | n Male) can Mal can Ma | e) | |
| Part III: COMMISSI | ONER COMMEN | NTS | | | | |
| Appointment to be made | e at BCC Meeting of | on: April 1, | 2008 | | _ | |
| *When a person is bein conflicts shall be consid | ng considered for dered by the Boar | re-appointme d of County C | nt, the numl Commissione | ber of p ers. | revious disc | losed voting |
| Number of pre | eviously disclosed v | voting conflicts | s during the p | orevious | s term | |
| Signature: | | | Da | ate: | | |
| Pursuant to Florida's Publ and photocopied by memb | | document may | be reviewed | | Revised 6/ | 2007 |

| Part I | : |
|--------|---|
| | |

| Board Name: Head Sta | art/Early Head Sta | rt Policy Coun | cil | | | |
|--|---|------------------|--|---------------------------------|--------------------|---------------|
| 🗸 At Large Ap | pointment | or | District | t Appoin | tment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08] | Го: | 26/2009 |
| Seat Requirement: Repr | esentative -Riviera E | Beach | | 5 | Seat #: <u>18</u> | |
| * Reappointme | ent | or | 🗖 New Ap | opointme | ent | |
| or to complete t term of Completion of term to expire on: | he Kenneth Higg 09/26/2009 | ins | Due to: | Г | resignation | ✓ other |
| Part II: APPLIC | ANT, UNLESS EX | XEMPTED, M | UST BE A C | COUNTY | RESIDEN | Т |
| Name: Wilson, | | | Тоуа | | Arni | |
| | Last | | First | | Mide | ile |
| Occupation/Affiliation: | General Office Cle | erk | | | | |
| Business Name: | South Florida Wat | er Managemer | t District | | | |
| Business Address: | 3301 Gun Club Ro | ad | 4.001 | | | |
| City & State | West Palm Beach | ı, FL | Zij | p Code: | 33401 | |
| Residence Address: | 1641 West 17th Str | eet | | | | |
| City & State | Riviera Beach, FL | | Zi | p Code: | 33404 | - |
| Home Phone: (56 | 667-7054 | Busi | ness Phone: | (561) 6 | 94-9248 | ext. |
| Cell Phone: (|) | Fax: | | () | | |
| Email Address: | | | | | | |
| Mailing Address prefe | rence: 🔲 Busine | ss Address |] Residence | | | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-Americ HF (Hispanic-Americ WF (Caucasian Fema | n Female) n Female) can Female) ican Female) | AM (As BM (Af | ive-American ian-American ican-America panic-Americ ucasian Male | i Male) an Male) can Male |) | |
| Part III: COMMISSI | ONER COMMEN | NTS | | | | |
| Appointment to be made | e at BCC Meeting o | on: April 1, | 2008 | | ••• • • | |
| *When a person is bein conflicts shall be consid | | | | | evious discl | osed voting |
| Number of pre | viously disclosed v | voting conflicts | during the p | revious t | erm | |
| Signature: | · | | Dat | te: | | . |
| Pursuant to Florida's Publ and photocopied by memb | | document may | be reviewed | | Revised 6/2 | 2007 |

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| | | |

| Board Name: Head St | art/Early Head Sta | rt Policy Cour | ncil | | <u></u> | |
|---|--|------------------|---|-------------------------------|---------------------|-------------|
| 🗸 At Large Aj | ppointment | or | Distric | t Appo | intment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 008 | To: <u>09</u> / | 26/2009 |
| Seat Requirement: Alter | rnate -Riviera Beach | | | | Seat #: <u>18-A</u> | |
| * Reappointm | lent | or | New A | ppointn | nent | |
| or i to complete term of | the Tenisha Easte | er | Due to: | | resignation | i othe |
| Completion of term to expire on: | 09/26/2009 | | | | | |
| Part II: APPLIC | CANT, UNLESS EX | XEMPTED, N | UST BE A C | COUNT | Y RESIDEN | Т |
| Name: Price, | | | Lenora | | | |
| | Last | | First | | Mido | ile |
| Occupation/Affiliation: | Self-Employed | | ····· | | | |
| Business Name: | Top Notch Windov | w Cleaning Sei | vices | | · | |
| Business Address: | 1621 W. 37th Stree | et | | | | <u></u> |
| City & State | Riviera Beach, FL | , | Zi | p Code | : <u>33404</u> | |
| Residence Address: | Same As Above | | | | | |
| City & State | | | Zi | p Code | : | |
| Home Phone:(5 | 61) 541-4366 | Busi | ness Phone: | () | | ext. |
| Cell Phone: (|) | Fax: | | () | | |
| Email Address: | | | | | | |
| Mailing Address prefe | erence: 🔲 Busines | ss Address | Residence | | | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-America HF (Hispanic-America WF (Caucasian Fem | an Female) n Female) can Female) ican Female) | AM (As BM (Af | ive-Americar ian-Americar rican-America panic-Americ ucasian Male | i Male) an Male can Mal | e) | |
| Part III: COMMISS | ONER COMMEN | ITS | | | | |
| Appointment to be mad | e at BCC Meeting o | on: April 1, | 2008 | | | |
| *When a person is bei conflicts shall be consi | | | | | revious discle | osed voting |
| Number of pre | eviously disclosed v | oting conflicts | during the p | revious | term | |
| Signature: | | | Dat | te: | | |
| Pursuant to Florida's Publ and photocopied by memb | | document may | be reviewed | | Revised 6/2 | 007 |

| Part | I: |
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| | |

| Board Name: Head St | art/Early Head Sta | rt Policy Cour | ncil | | | |
|---|--|-----------------------------|---|-------------------------------|--------------------|--------------|
| 🗸 At Large Aj | opointment | or | Distric | t Appo | intment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 008 | To:09 | /26/2009 |
| Seat Requirement: Alter | rnate -Riviera Beach | | | | Seat #: <u>18-</u> | B |
| T *Reappointm | ent | or | 🗖 New A | ppointn | nent | |
| or to complete term of Completion of term to expire on: | the James Mims, 09/26/2009 | , Sr. | Due to: | | resignation | ✓ other |
| Part II: APPLI | CANT, UNLESS E. | XEMPTED, M | IUST BE A C | COUNT | Y RESIDE N | NT |
| Name: Nubin, | Ϋ́+ | | Tawania | | Mid | 410 |
| | Last | | First | | IVIIG | |
| Occupation/Affiliation: | Hair Stylist | | | | 407 mg | |
| Business Name: | Sport Clips | | | <u></u> | · ////// · · · | |
| Business Address: | | | | | | - |
| City & State | | | Zi | ip Code | | |
| Residence Address: | 1588 W. 35 Street | | | | | |
| City & State | Riviera Beach, FL | | Zi | ip Code | : <u>33404</u> | |
| Home Phone:(5 | 61) 844-7449 | Busi | iness Phone: | (561) | 333-0094 | ext. |
| Cell Phone: (5 | 61) 201-1305 | Fax: | | () | | |
| Email Address: | | | | | | |
| Mailing Address prefe | erence: 🔲 Busine | ess Address | Residence | | | |
| Minority Identificatio IF (Native-Americ AF (Asian-America BF (African-Americ HF (Hispanic-Ameri WF(Caucasian Ferr | an Female) In Female) can Female) rican Female) | AM (As BM (Af HM (His | tive-American ian-American rican-Americ spanic-Americ sucasian Male | n Male) an Male can Mal | e) | • |
| Part III: COMMISS | IONER COMMEN | NTS | | | | |
| Appointment to be made | le at BCC Meeting | on: April 1 | , 2008 | | ····· | |
| *When a person is bei conflicts shall be consi | | | | | revious disc | losed voting |
| Number of pr | eviously disclosed v | voting conflict | s during the p | revious | term | |
| Signature: | | | Da | te: | | |
| Pursuant to Florida's Pub and photocopied by mem | | document may | be reviewed | | Revised 6/ | 2007 |
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| <u>A (() ()</u> | | | | |
|--|--|--|---|---------------------------|
| Board Name: Head Sta | rt/Early Head Star | t Policy Cound | | |
| At Large Ap | pointment | or | District Appo | pintment |
| Term of Appointment: | Years. | From: | 04/01/2008 | To: 09/26/2009 |
| Seat Requirement: Repr | esentative - Union B | aptist | | Seat #: 20 |
| * Reappointme | ent | or | New Appoint | ment |
| or i to complete the term of | he Jovonne White | • | Due | resignation 🔽 other |
| Completion of term to expire on: | 09/26/2009 | <u> </u> | 101 | |
| • | ANT, UNLESS EX | KEMPTED. M | UST BE A COUN | TY RESIDENT |
| | | | Shelly-Ann | Marie |
| Name: Blake, | Last | | First | Middle |
| | | | | |
| Occupation/Affiliation: | Billing/Coding | | | |
| Business Name: | PBR MRI | | | <u> </u> |
| Business Address: | 701 Northlake Blvd | <u>i.</u> | | |
| City & State | North Palm Beacl | n, FL | Zip Cod | e: <u>33408</u> |
| | | | | |
| Residence Address: | 4680 N. Congress | Avenue | | |
| City & State | West Palm Beach | , FL | Zip Cod | e: <u>33407</u> |
| Home Phone: (|) | Busi | ness Phone:(561 |) 882-0671 ext. |
| Cell Phone: | 61) 267-5896 | Fax: | |) |
| Email Address: | | | | |
| Mailing Address prefe | rence: 🔲 Busine | ss Address | Residence | |
| Minority Identification IF (Native-America AF (Asian-America) F (African-America) HF (Hispanic-America) WF (Caucasian Fermion) | an Female) n Female) can Female) ican Female) | AM (As BM (Af HM (His | ive-American India ian-American Male rican-American Ma panic-American M ucasian Male) | e) lle) |
| Part III: COMMISS | IONER COMME | NTS · | | |
| Appointment to be mad | e at BCC Meeting | on: April 1 | 2008 | <u></u> |
| *When a person is bei conflicts shall be consi | ng considered for dered by the Boar | re-appointme [.] d of County (| nt, the number of Commissioners. | previous disclosed voting |
| Number of pro | eviously disclosed | voting conflict | s during the previou | us term |
| Signature: | | | Date: | |
| Pursuant to Florida's Pub and photocopied by mem | | document may | be reviewed | Revised 6/2007 |

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| <u>Part 1:</u> | | | | a | |
|--|--|---------------------------------|--|----------------------------------|---------------------------------------|
| Board Name: Head S | start/Early Head Sta | rt Policy Coun | cil | | |
| ✓ At Large A | ppointment | or | District A | Appointmen | ıt |
| Term of Appointment: | Years. | From: | 04/01/2008 | <u> </u> | 09/26/2009 |
| Seat Requirement: Alt | ernate - Union Baptist | | | Seat | #: <u>20-A</u> |
| | | or | 🗖 New App | ointment | |
| or i to complete term of | | ersad Ali | Due to: | 🗖 resig | nation 🔽 other |
| Completion of term to expire on: | 09/26/2009 | | | | |
| Part II: APPL | ICANT, UNLESS E | EXEMPTED, N | MUST BE A CO | OUNTY RE | SIDENT |
| Name: Adams, | | | Tonya | | Lynn |
| | Last | | First | | Middle |
| Occupation/Affiliatio | . n . | | | | |
| | ···· | | | | · · · · · · · · · · · · · · · · · · · |
| Business Name: | | | | | · · |
| Business Address: | | | | | |
| City & State | | | Zip | Code: | |
| Residence Address: | 628 58th Street | | | | |
| City & State | West Palm Bead | ch, FL | Zij | o Code: | 33407 |
| Home Phone: | (561) 882-0615 | Bu | siness Phone: | (561) 835- | 2054 ext. |
| Cell Phone: | (561) 797-4433 | Fa | x: | () | |
| Email Address: | | | | | |
| Mailing Address pr | reference: 🔲 Busi | ness Address | Residence | | |
| Minority Identifica IF (Native-Ame AF (Asian-Ame BF (African-Am HF (Hispanic-A WF(Caucasian F | erican Female) rican Female) nerican Female) merican Female) | ☐ AM (/ ☐ BM (/ ☐ HM (H | lative-Americar Asian-Americar African-Americ Iispanic-Americ Caucasian Male | n Male) an Male) can Male) | le) |
| Part III: COMM | ISSIONER COMM | ENTS | | | |
| Appointment to be a | made at BCC Meetin | ng on: April | 1, 2008 | | |
| *When a person is conflicts shall be co | being considered for a second se | or re-appoint oard of County | nent, the numb y Commissione | per of previers. | ious disclosed voting |
| Number o | f previously disclose | d voting confl | icts during the p | previous ter | m |
| Signature: | | | Da | ate: | |
| Pursuant to Florida's and photocopied by r | Public Records Law, nembers of the public. | this document n | nay be reviewed | | Revised 6/2007 |
| | | | | | |

| Par | t | I: |
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| Reard Name, Head an | art/Early Haad Sta | art Policy Court | cil | |
|--|--|---|--|---|
| At Large Ap | art/Early Head Sta | or | | ppointment |
| | - | | 04/01/2008 | To: 09/26/2009 |
| Ferm of Appointment: | | | | Seat #: 20-B |
| Seat Requirement: Alter | rnate - Union Baptis | <u>it</u> | | |
| * Reappointm | ient | or | New Appo | |
| or i to complete term of | the | | Due to: | resignation 7 o |
| Completion of term to expire on: | | | | |
| Part II: APPLI | CANT, UNLESS | EXEMPTED, N | AUST BE A CO | UNTY RESIDENT |
| Name: Santico, | | | Bulmoro First | Middle |
| | Last | | Flist | ivitatio |
| Occupation/Affiliation | ı: | | | |
| Business Name: | | | | |
| Business Address: | | , | | |
| City & State | · | | Zip | Code: |
| Residence Address: | 618 57th Street | | | |
| | · <u> </u> | | Zin | Code: 33407 |
| City & State | West Palm Bea | | · | () ext. |
| Home Phone: | (561) 707-8231 | ······································ | siness Phone: _ | |
| Cell Phone: | () | Fax | K: | (_) |
| | | | <u> </u> | · |
| Email Address: | | | | |
| Email Address: | e ference: 🔲 Busi | iness Address | Residence | |
| | ion Code: rican Female) can Female) erican Female) nerican Female) | ☐ IM (N ☐ AM (/ ☐ BM (/ ☐ HM (F | Residence ative-American Asian-American African-America Iispanic-America Caucasian Male) | Male) n Male) |
| Mailing Address pre Minority Identificati IF (Native-Amer AF (Asian-Americ BF (African-Americ HF (Hispanic-Americ) | ion Code: rican Female) can Female) erican Female) nerican Female) emale) | ☐ IM (N ☐ AM (A ☐ BM (A ☐ HM (F ☐ WM (G | ative-American Asian-American African-America Iispanic-America | Male) n Male) |
| Mailing Address pre Minority Identificati IF (Native-Ameri AF (Asian-Ameri BF (African-Ameri HF (Hispanic-Ameri WF (Caucasian Fe | ion Code: rican Female) can Female) erican Female) nerican Female) emale) SSIONER COMM | ☐ IM (N ☐ AM (A ☐ BM (A ☐ HM (F ☐ WM (G IENTS | ative-American Asian-American African-America Iispanic-America | Male) n Male) |
| Mailing Address pre Minority Identificati IF (Native-Ameri AF (Asian-Ameri BF (African-Ameri HF (Hispanic-Ameri WF (Caucasian Fee Part III: COMMIS Appointment to be m | ion Code: rican Female) can Female) erican Female) nerican Female) emale) SSIONER COMM nade at BCC Meetin being considered f | ☐ IM (N ☐ AM (A ☐ BM (A ☐ HM (F ☐ WM (C 1ENTS ng on: <u>April</u> for re-appointm | ative-American Asian-American African-America Iispanic-America Caucasian Male) 1, 2008 nent, the numbe | Male) n Male) nn Male) er of previous disclosed vo |
| Mailing Address pre Minority Identificati IF (Native-Ameri AF (Asian-Ameri BF (African-Ameri HF (Hispanic-Ameri WF (Caucasian Fer Part III: COMMIS Appointment to be main *When a person is be conflicts shall be com | ion Code: rican Female) can Female) erican Female) nerican Female) emale) SSIONER COMM nade at BCC Meetin being considered f | IM (N AM (A BM (A BM (A HM (F WM (C IENTS ng on: <u>April</u> for re-appointm oard of County | ative-American Asian-American African-America Iispanic-America Caucasian Male) 1, 2008 nent, the number Commissioner | Male) n Male) nn Male) er of previous disclosed vo s. |
| Mailing Address pre Minority Identificati IF (Native-Ameri AF (Asian-Americ BF (African-Americ HF (Hispanic-Americ WF (Caucasian Fer Part III: COMMIS Appointment to be main *When a person is be conflicts shall be com | ion Code: ican Female) can Female) erican Female) herican Female) emale) SSIONER COMM hade at BCC Meetin being considered for nsidered by the Be previously disclose | IM (N AM (A BM (A HM (F WM (C IENTS ng on: April for re-appointm oard of County ed voting confli | Aative-American Asian-American African-American Iispanic-America Caucasian Male) 1, 2008 1, 2008 Commissioner Commissioner | Male) n Male) nn Male) er of previous disclosed vo s. |

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| | art/Early Head Sta | | Distric | t Annoi | ntment | |
|---|--|--|---|---|-----------------|------------|
| At Large Ap | | or | | | | 126/2009 |
| erm of Appointment: | Years. | From: | 04/01/20 | | To:09 | |
| eat Requirement: Repr | esentative - Delray | Beach EHS | <u> </u> | | Seat #: 21 | |
| T *Reappointme | ent | or | | ppointn | nent | |
| to complete t term of | | y | Due to: | | resignation | ✓ ot |
| Completion of term to xpire on: | 09/26/2009 | | | • | | |
| - | CANT, UNLESS E | EXEMPTED, N | AUST BE A | COUNT | Y RESIDE | NT |
| Name: Scott, | | | Crystal | | | hawndra |
| Name. <u>60004</u> , | Last | | First | | Mio | idle |
| | | | | | | |
| Occupation/Affiliation: | Cashier | | <u> </u> | | | |
| Business Name: | McDonalds | <u> </u> | · | | | |
| Business Address: | 14568 Military Tr | ail | | | | |
| City & State | Delray Beach, F | ۶L | Z | ip Cod | e: <u>33445</u> | i |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| Residence Address: | 565 Fern Lane | | | | | |
| City & State | Delray Beach, F | <u>۔۔۔</u> | Z | Zip Cod | e: <u>3344</u> | 5 |
| Home Phone: | 561) 278-8561 | Bu | siness Phone: | (561 |) 495-6582 | ext. |
| Cell Phone: _(| 561) 860-3267 | Fax | k : | |) | |
| Email Address: | | | | | - | |
| Mailing Address pret | ference: 🗔 Busi | ness Address | Residence | e | | |
| Minority Identification IF (Native-Americ AF (Asian-Americ BF (African-Americ HF (Hispanic-Americ WF(Caucasian Fer | on Code: ican Female) can Female) rican Female) erican Female) | ☐ IM (N ☐ AM (/ ☐ BM (/ ☐ HM (F | lative-Americ Asian-Americ African-Amer Iispanic-Ame Caucasian Ma | an India an Male ican Ma rican M | e) ale) | |
| Part III: COMMIS | SIONER COMM | IENTS | | | | |
| | ade at BCC Meetir | ng on: <u>April</u> | 1, 2008 | | | |
| Appointment to be ma | oing considered f | or re-appointr | nent, the num | nber of ners. | previous di | sclosed vo |
| *When a person is b conflicts shall be con | isidered by the Bo | oard of County | , | | | |
| *When a person is b conflicts shall be con | previously disclose | oard of County | | | ous term | |
| *When a person is b conflicts shall be con | nsidered by the Bo | ed voting confli | icts during the | e previo | ous term | |

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| r | aı | Ŀ | 1 |
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| Board Name: Head Start/Early Head Start Policy Cou | ncil | |
|---|---|---------------------------|
| T At Large Appointment or | District Appo | intment |
| Term of Appointment: Years. From: | 04/01/2008 | To:09/26/2009 |
| Seat Requirement: Representative - Family Child Care Ho | me | Seat #: 23 |
| T *Reappointment or | New Appointr | nent |
| or 🔽 to complete the term of Venita Mills | Due | resignation 🔽 other |
| Completion of term to expire on: 09/26/2009 | to: | |
| Part II: APPLICANT, UNLESS EXEMPTED, | MUST RE 4 COUNT | TY RESIDENT |
| | | |
| Name: Lopez, Last | Nancy First | Middle |
| Last | THSt | Wildle |
| Occupation/Affiliation: | | |
| Business Name: | | <u>.</u> |
| Business Address: | | |
| City & State | Zip Code | e: |
| | | |
| Residence Address: 1140 NE 20th Street | | |
| City & State Belle Glade, FL | Zip Code | e: <u>33430</u> |
| Home Phone: (561) 986-7712 Bu | siness Phone: _() | ext. |
| Cell Phone: () Fax | «: <u>()</u> | |
| Email Address: | | |
| Mailing Address preference: Business Address | Residence | |
| □ AF (Asian-American Female) □ BF (African-American Female) □ BM (A □ BF (Hispanic-American Female) □ HM (H | ative-American India sian-American Male frican-American Mal ispanic-American Ma caucasian Male) |) e) |
| Part III: COMMISSIONER COMMENTS | | |
| Appointment to be made at BCC Meeting on: April | 1, 2008 | |
| *When a person is being considered for re-appointm conflicts shall be considered by the Board of County | | previous disclosed voting |
| Number of previously disclosed voting conflic | ets during the previou | s term |
| | | |
| Signature: | Date: | |
| Signature: Pursuant to Florida's Public Records Law, this document ma and photocopied by members of the public. | | Revised 6/2007 |

| rart I: | | | | |
|---|--|---------------------------------|--|-----------------------------|
| Board Name: Head Star | /Early Head Star | rt Policy Cour | icil | |
| 🔽 At Large App | ointment | or | District App | pointment |
| Cerm of Appointment: | Years. | From: | 04/01/2008 | To:09/26/2009 |
| Seat Requirement: Repres | sentative - Apostol | ic CDC | | Seat #: <u></u> |
| * Reappointmer | nt | or | 🗖 New Appoir | ntment |
| or 🔽 to complete th | e | | Due 🗖 | resignation 🔽 othe |
| term of Completion of term to | Tracy Davis | | to: | |
| expire on: | 09/26/2009 | <u></u> | | |
| Part II: APPLICA | ANT, UNLESS E | XEMPTED, N | MUST BE A COU | NTY RESIDENT |
| Name: Chapelle, | | | Latressa | Middle |
| | Last | | First | Middle |
| Occupation/Affiliation: | | | | |
| Business Name: | | | | |
| | | | | |
| Business Address: | <u></u> | <u></u> | 7: 0 | |
| City & State | | <u></u> | Zip Co | 5de: |
| Residence Address: | 720 22nd Street | | | |
| City & State | West Palm Beac | h, FL | Zip Co | ode: <u>33407</u> |
| Home Phone: (|) | | siness Phone: (|) ext. |
| | 51) 856-1379 | Fa | x: (|) |
| Email Address: | | | | |
| | | | L. Pasidence | |
| Mailing Address prefe | rence: Busin | less Address | M Residence | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-America HF (Hispanic-Amer WF(Caucasian Fem | an Female) n Female) can Female) ican Female) | ☐ AM (A ☐ BM (A ☐ HM (F | lative-American In Asian-American M African-American M Iispanic-American Caucasian Male) | ale) Male) |
| Part III: COMMISS | IONER COMM | ENTS | | |
| Appointment to be mad | e at BCC Meetin | g on: <u>April</u> | 1, 2008 | |
| *When a person is bei conflicts shall be consi | ng considered fo idered by the Bo | or re-appointr ard of County | nent, the number y Commissioners. | of previous disclosed votin |
| Number of pr | eviously disclose | d voting confli | icts during the prev | rious term |
| Signature: | | | Date: | |
| Pursuant to Florida's Pub and photocopied by mem | lic Records Law, the bers of the public. | his document m | ay be reviewed | Revised 6/2007 |
| | | | | |

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| Board Name: Head Star | rt/Early Head Sta | art Policy Cou | Incil | |
|--|---|---------------------------------------|---|-----------------------------|
| 🖌 At Large App | oointment | or | District Ap | pointment |
| Term of Appointment: | Years. | From: | 04/01/2008 | To:09/26/2009 |
| Seat Requirement: Altern | nate - Apostolic CE | | | Seat #: <u>26-A</u> |
| * Reappointme | ent | or | 🕜 New Appoi | ntment |
| or 🔲 to complete th | he | | Due | resignation 🔽 othe |
| term of Completion of term to expire on: | | | to: | |
| Part II: APPLIC | ANT, UNLESS | EXEMPTED, | MUST BE A COU | NTY RESIDENT |
| Name: Williams, | | | Erica | |
| | Last | | First | Middle |
| Occupation/Affiliation: | | · · · · · · · · · · · · · · · · · · · | | |
| Business Name: | | | | |
| Business Address: | | | | |
| City & State | | | Zip C | Code: |
| Residence Address: | 6176 Calle Del S | Sol | | |
| City & State | West Palm Bea | ich, FL | Zip C | Code: <u>33415</u> |
| Home Phone: <u>(</u> 5 | 61) 255-9922 | B | usiness Phone: _(|) ext. |
| Cell Phone: (|) | F | ax: |) |
| Email Address: | | <u></u> | | |
| Mailing Address prefe | erence: 🔲 Bus | iness Address | Residence | |
| Minority Identificatio IF (Native-America AF (Asian-America BF (African-Ameri HF (Hispanic-Ame WF(Caucasian Fen | can Female) an Female) ican Female) rrican Female) | AM BM | Native-American In (Asian-American M (African-American Hispanic-Americar (Caucasian Male) | Iale) Male) |
| Part III: COMMISS | SIONER COMM | 1ENTS | | |
| Appointment to be made | de at BCC Meetin | ng on: <u>Ap</u> | il 1, 2008 | |
| *When a person is be conflicts shall be cons | ing considered f sidered by the B | for re-appoin oard of Coun | tment, the number ty Commissioners | of previous disclosed votin |
| Number of p | reviously disclos | ed voting con: | flicts during the pre | vious term |
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| Signature: | · <u>·</u> ·································· | | Date: | |

| Part | I: |
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| | t/Early Head Star | rt Policy Cou | incil | | | |
|---|--|----------------------------------|--|------------------------------------|-----------------|------------|
| Board Name: Head Star | | | | Annointmer | | |
| 🔽 At Large App | ointment | or | <u> </u> | Appointmen | | 0 |
| Term of Appointment: _ | Years. | From: | 04/01/200 | <u>8</u> 10: _ | 09/26/200 | 9 |
| Seat Requirement: Repre | sentative - A Step | Above | | Seat : | #: <u>27</u> | <u></u> |
| * Reappointme | nt | or | 🗖 New Ap | pointment | | |
| or i to complete th term of | | adovany | Due to: | resig | nation | other |
| Completion of term to expire on: | 09/26/2009 | <u></u> | | | | |
| - | ANT, UNLESS E | XEMPTED, | MUST BE A C | OUNTY RE | SIDENT | |
| Name: Herbert, | | | Danielle | | Simone | |
| | Last | | First | | Middle | |
| Occupation/Affiliation: | Manager | | | | | |
| Business Name: | Papa John's | | | | | |
| Business Address: | 422 N. Federal H | wv. | | | | |
| | | | | p Code: | 33462 | |
| City & State | Lantana, FL | | | F | | |
| Residence Address: | P.O. Box 243301 | | | | | |
| City & State | Boynton Beach, | FL | Zi | p Code: | 33424 | <u> </u> |
| Home Phone: | 61) 572-8638 | B | usiness Phone: | (561) 547- | <u>1899 e</u> : | <u>xt.</u> |
| Cell Phone: (5 | 61) 789-4620 | F | ax: | () | | |
| Email Address: | | | | | | |
| Mailing Address prefe | erence: 🔲 Busir | ness Address | Residence | | | |
| Minority Identificatio | n Code: an Female) n Female) can Female) rican Female) | ☐ IM (☐ AM ☐ BM ☐ HM (| Native-America (Asian-America (African-Americ Hispanic-Ameri (Caucasian Male | n Male) can Male) ican Male) | le) | |
| Part III: COMMISS | IONER COMM | ENTS | | | | |
| Appointment to be made | le at BCC Meetin | g on: Apr | il 1, 2008 | | | |
| *When a person is be conflicts shall be cons | ing considered fo idered by the Bo | or re-appoint ard of Coun | tment, the num ty Commission | ber of previ ers. | ious disclosed | voting |
| | reviously disclose | | | | m | |
| Signature: | | | | | | |
| Pursuant to Florida's Pul and photocopied by men | blic Records Law, t | this document | | | Revised 6/2007 | |

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| <u>Part I:</u> | | | | | | | | |
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| Board Name: Head Sta | rt/Early Head Start Pol | licy Counc | <u>cil</u> | | | | | |
| At Large App | oointment or | | Distric | t Appo | intment | | | |
| Term of Appointment: _ | Years. | From: | 04/01/2008 | | То: | 09/2 | 6/2009 |) |
| Seat Requirement: Repre | sentative - Emmanuel E | нѕ | | <u></u> | Seat #: | 28 | | |
| * Reappointme |]*Reappointment or | | New Appointment | | | | | |
| or i to complete th term of | e Charlene Alonso | | Due to: | | resigna | tion | | other |
| Completion of term to expire on: | 09/26/2009 | | | | | | | |
| Part II: APPLIC | ANT, UNLESS EXEM | PTED, M | UST BE A C | COUNT | TY RESI | DENI | r | |
| Name: Miller, | | | Zaveka | | | | | |
| - | Last | | First | | | Midd | le | |
| Occupation/Affiliation: | Clerical | | | | | | | |
| Business Name: | | | | | | . <u> </u> | | |
| Business Address: | | -11 - M-14 | | | | | | |
| City & State | | | Z | ip Code | e: | | | |
| · | | | | | | | | |
| Residence Address: | 1465 North Mangonia Ci | ircle | | | | | | |
| City & State | West Palm Beach, FL | | Z | ip Code | e: <u>33</u> | 8401 | | |
| Home Phone:(56 | 1) 802-1731 | Busin | ness Phone: | |) | | ext | |
| Cell Phone: | 1) 603-7101 | Fax: | | | | | | |
| Email Address: | | * * * | | | | | | |
| Mailing Address prefer | ence: 🔲 Business Ad | ddress 🔽 |] Residence | | | | | |
| Minority Identification IF (Native-America AF (Asian-America BF (African-Americ HF (Hispanic-Ameri WF (Caucasian Fema | n Female) | AM (Asi BM (Afr HM (His | ive-America ian-America ican-Americ panic-Ameri ucasian Male | n Male) can Mal can Ma |) le) | | | |
| Part III: COMMISSI | ONER COMMENTS | | | | | | | |
| Appointment to be made | at BCC Meeting on: | April 1, | 2008 | <u>.</u> | | - | | |
| *When a person is bein conflicts shall be consid | ig considered for re-aj lered by the Board of | ppointmei County C | nt, the numl commissione | ber of p ers. | orevious | disclo | osed v | oting |
| Number of pre | viously disclosed voting | g conflicts | during the p | oreviou | s term | | | |
| Signature: | | | Da | ate: | | | _ | |
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| Board Name: Head Start/E | arly Head Star | rt Policy Cour | cil | | | |
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| At Large Appoin | itment | or | Distric | t Appo | intment | |
| Term of Appointment: | Years. | From: | 04/01/20 | 08 | To:09/ | 26/2009 |
| Seat Requirement: Alternate | - San Castle El | HS | ···· | . <u></u> | Seat #: <u>31-</u> | <u>\</u> |
| *Reappointment | | or | New A | ppointr | nent | |
| or 🔽 to complete the term of | Elda Molina | | Due to: | | resignation | other |
| Completion of term to expire on: | 09/26/2009 | | <u></u> | | | |
| Part II: APPLICAN | T, UNLESS EX | XEMPTED, M | UST BE A C | COUNT | TY RESIDEN | T |
| Name: Hamilton, | Loot | 71.187.004 | Annette First | <u></u> | Mid | dle |
| | Last | | FIISt | | IVIIU | uic |
| Occupation/Affiliation: <u>Clean</u> | erical | | | | | |
| Business Name: | | | | | · · · · · | |
| Business Address: | | | | | | |
| City & State | | | Zi | ip Code | : | <u></u> |
| · · · | 1 Glenwood Driv est Palm Beach | | Zi | ip Code | e: <u>33415</u> | |
| Home Phone: (561) | 635-2979 | Bus | iness Phone: | (561) | 355-2010 | ext. |
| Cell Phone: () | | Fax | | () | | |
| Email Address: | | | | | | |
| Mailing Address preferen | ce: 🗖 Busine | ess Address | 7] Residence | | | |
| Minority Identification Co IF (Native-American F AF (Asian-American F BF (African-American HF (Hispanic-American WF(Caucasian Female) | o de: emale) emale) Female) | ☐ IM (Na ☐ AM (A: ☐ BM (A: ☐ HM (Hi | tive-American sian-American frican-Americ spanic-Ameri sucasian Male | n Male an Ma can Ma |) le) | |
| Part III: COMMISSION | ER COMME | NTS | | | | |
| Appointment to be made at | BCC Meeting | on: April 1 | , 2008 | | | |
| *When a person is being of conflicts shall be consider | | | | | previous disc | losed voting |
| Number of previo | usly disclosed | voting conflict | s during the p | oreviou | s term | |
| Signature: | | | Da | ite: | | |
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| Board Name: Head Start/E | arly Head Star | Policy | / Counci | | · | | | |
|---|--|-------------------|--|--|-----------------------------|--------------------------|-------------|-----------------|
| At Large Appoin | itment | or | | District | : Appoi | ntment | | |
| Term of Appointment: | Years. | F | rom: | 04/01/20 | 08 | То: | 09/26/200 | 9 |
| Seat Requirement: Alternate | - San Castle EH | S | | | | Seat #: 3 | 91-B | |
| *Reappointment | | or | | 🗇 New Ap | opointr | nent | | |
| or to complete the term of | | | | Due to: | | resignatio | on 🗹 | other |
| Completion of term to expire on: | | | | 10. | | | | |
| Part II: APPLICAN | T, UNLESS EX | CEMPT | TED, MU | IST BE A C | COUNT | Y RESID | ENT | |
| Name: Rosales, | | | | Patricia | | | <u></u> | |
| | Last | | | First | | N | liddle | |
| Occupation/Affiliation: | | | | | | _ <u></u> | | |
| Business Name: | | | | . <u> </u> | | | | |
| Business Address: | | | | | | - v., , , , , | | |
| City & State | | | | Zi | p Code | : | | 01 01 11 |
| Residence Address: 56 | 78 Ithica Circle E | aet | | | | | | |
| | ike Worth, FL | | | Zi | p Code | : 334 | 63 | |
| | 965-6375 | | Busin | | () | | ex | t. |
| Cell Phone: () | | | – Eusin Fax: | | () | | | |
| Email Address: | | | _ 1 47. | | | | | |
| Mailing Address preferen | aat F Duging | a Addr | | Posidence | <u> </u> | | | |
| Minority Identification Co IF (Native-American F AF (Asian-American F BF (African-American F HF (Hispanic-American WF (Caucasian Female) | ode: emale) emale) Female) 1 Female) | | M (Nativ AM (Asia 3M (Afri IM (Hisp | ve-Americar in-Americar can-Americ anic-Americ casian Male | 1 Male) an Mal can Ma | e) | | |
| Part III: COMMISSION | ER COMMEN | TS | | | | | | |
| Appointment to be made at | BCC Meeting of | on: <u>4</u> | April 1, : | 2008 | | | | |
| *When a person is being o conflicts shall be consider | considered for a ed by the Boar | re-app d of Co | ointmen ounty Co | t, the numb ommissione | er of p rs. | revious d | lisclosed v | oting |
| Number of previo | ously disclosed v | oting c | conflicts | during the p | revious | s term | | |
| Signature: | | | | Da | te: | | | |
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| Part I: | |
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| Board Name: Head Start/Early Head Start Policy Council | |
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| At Large Appointment or District Appointment | |
| Term of Appointment: Years. From:04/01/2008 To:09/26/2009 | |
| Seat Requirement: Representative - South Bay EHS Seat #: 32 | <u> </u> |
| * Reappointment or New Appointment | |
| or to complete the Due resignation of term of Nedia Ramos to: | ther |
| expire on: 09/26/2009 | |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT | |
| Name: Allen, Sharicia V. | |
| Last First Middle | |
| Occupation/Affiliation: Office Assistant | |
| Business Name: Street Beat, Inc. | |
| Business Address: 103 N.W. 10th Avenue | |
| City & State South Bay, FL Zip Code: 33430 | |
| | |
| Residence Address: 171 N.W. 9th Avenue, Post Office Box 92 | |
| City & State South Bay, FL Zip Code: 33493 | |
| Home Phone: (561) 993-9916 Business Phone: () ext. | |
| Cell Phone: (561) 983-1899 Fax: () | |
| Email Address: | |
| Mailing Address preference: 🔄 Business Address 📝 Residence | |
| Minority Identification Code:IF (Native-American Female)IM (Native-American Indian Male)AF (Asian-American Female)AM (Asian-American Male)BF (African-American Female)BM (African-American Male)HF (Hispanic-American Female)HM (Hispanic-American Male)WF(Caucasian Female)WM (Caucasian Male) | |
| Part III: COMMISSIONER COMMENTS | |
| Appointment to be made at BCC Meeting on: April 1, 2008 | |
| *When a person is being considered for re-appointment, the number of previous disclosed voti conflicts shall be considered by the Board of County Commissioners. | ng |
| Number of previously disclosed voting conflicts during the previous term | |
| Signature: Date: | |
| Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public. | |

| Part | I: |
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| Board Name: Head Star | t/Early Head Star | t Policy Counc | cil | | <u> </u> |
|--|---|-----------------|---|-------------------------|-------------|
| 🗸 At Large App | ointment | or | District Ap | pointment | |
| Term of Appointment: | Years. | From: | 04/01/2008 | To:09/ | 26/2009 |
| Seat Requirement: Altern | ate - South Bay EH | S | | Seat #: <u>32-A</u> | · |
| * Reappointment | nt | or | □ New Appoin | ntment | |
| or to complete th term of Completion of term to expire on: | Dionne Tolber | t | Dueto: | resignation | ✓ other |
| Part II: APPLICA | ANT, UNLESS EX | EXEMPTED, M | UST BE A COU | NTY RESIDEN | T |
| Name: Bolanos, | | - <u></u> | Johnathan | | |
| | Last | | First | Mide | lle |
| Occupation/Affiliation: | | | | | |
| Business Name: | | <u></u> | | | |
| Business Address: | | | | · · · · · · · · · · · · | |
| | <u> </u> | | | | |
| City & State | | | Zip Co | ode: | <u> </u> |
| Residence Address: | 740 SE 2nd Street | | | | |
| City & State | Belle Glade, FL | | Zip Co | ode: <u>33430</u> | |
| Home Phone: (|) | Busir | ness Phone: _(|) | ext. |
| Cell Phone: (56 | 1) 262-7943 | Fax: | _(|) | |
| Email Address: | | | | | |
| Mailing Address prefer | ence: 🔲 Busines | ss Address 🔽 | Residence | | |
| Minority Identification IF (Native-American AF (Asian-American BF (African-America) HF (Hispanic-Americ) WF(Caucasian Fema | n Female) Female) an Female) can Female) | AM (Asi | ve-American Ind an-American Ma ican-American M panic-American M icasian Male) | le) Iale) | |
| Part III: COMMISSIO | ONER COMMEN | VTS | | | |
| Appointment to be made | at BCC Meeting o | on: April 1, | 2008 | - 10 10 | |
| *When a person is bein conflicts shall be consid | | | | f previous discl | osed voting |
| Number of prev | viously disclosed v | oting conflicts | during the previo | ous term | |
| Signature: | | | Date: _ | | |
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RESOLUTION R-2006-1878

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA REPEALING AND REPLACING RESOLUTION NO. R2000-1866 REGARDING THE HEAD START/EARLY HEAD START POLICY COUNCIL

WHEREAS, the Board of County Commissioners of Palm Beach County adopted Resolution No. R-92-444 on March 24, 1992, which established the Head Start Policy Council; and

WHEREAS, the Head Start Policy Council Resolution No. R-92-444 was repealed and replaced with Resolution No. R2000-1866, dated November 21, 2000 to establish the Head Start/Early Head Start Policy Council to incorporate Early Head Start Program;

WHEREAS, the Head Start/Early Head Start Policy Council Resolution No. R2000-1866 needs to be repealed and replaced to accommodate the inclusion of the Head Start/Early Head Start Contracted Programs;

WHEREAS, the Federal Government requires all Head Start/Early Head Start grant recipients to establish a Head Start/Early Head Start Policy Council which is comprised of parents of Head Start/Early Head Start children presently enrolled in the program and representatives of the community; and

WHEREAS, parent and community involvement is essential to an effective Head Start/Early Head Start program,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

1. Repeal and Replacement

Resolution No. R2000-1866 is hereby repealed and replaced with the following:

A. <u>Requirements for Membership</u>

1. There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent. membership.

Conditions of Membership

Residency Requirement

All members must be residents of Palm Beach County at the time of appointment and while serving on the Council.

Prohibition of County Staff

County employees may not be appointed to the Head Start/Early Head Start Policy Council.

<u>Terms of Appointment</u>

The term of membership shall be for three (3) years, however each year, Policy Council Members must be voted in by the Policy Council. Vacancies occurring during a term shall be filled for the unexpired term and in the manner described above. In no event may a member serve for more than three years pursuant to federal regulations.

Automatic Removal for Lack of Attendance

A member of the Head Start/Early Head Start Policy Council shall automatically be removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings and/or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall constitute lack of attendance. Excused absences due to illness, absence from the County, or personal hardship, if approved by vote of the Head Start/Early Head Start Policy Council, shall not constitute a lack of attendance. Excused absences shall be entered into the minutes at the next regularly scheduled meeting of the Head Start/Early Head Start Policy Council. Members removed under this paragraph shall not continue to serve until a new appointment is made and removal shall create a vacancy.

Elected Office

Members shall not be prohibited from qualifying as a candidate for elected office.

Travel Reimbursement

Travel reimbursement is limited to expenses incurred only for travel outside Palm Beach County necessary to fulfill Council member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners and is consistent with

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E.

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C.

D.

Palm Beach County personnel rules and procedures. No other expenses are reimbursable except documented long distance telephone calls to the liaison County department.

<u>Ethics</u>

H.

I.

Members shall be governed by the applicable provisions of the Palm Beach County Ethics Resolution R-94-693 as may be amended.

Duties of Head Start/Early Head Start Policy Council

1. Appendix A, attached hereto, outlines the major management functions connected with the Head Start/Early Head Start program at the grantee level and the degree of responsibility assigned to each participating group as dictated by the federal regulations. Pursuant to Appendix A, the Head Start/Early Head Start Policy Council shall have a general responsibility for establishing a method of hearing and resolving community complaints about the Head Start/Early Head Start program. They shall have operating responsibility for conducting self-evaluations of the County's Head Start/Early Head Start program. They must be consulted on the identification of child development needs in the area to be served and on the standards for ensuring that space, equipment and supplies are acquired as needed. They may be consulted on the directive given to Head Start/Early Head Start staff in day to day operations. The Head Start/Early Head Start Policy Council must approve or disapprove of the following:

2. The goals of the Head Start/Early Head Start Program, as established by the Head Start/Early Head Start Director and the Board of County Commissioners, and the method of meeting said goals within the Department of Health & Human Services (HHS) guidelines;

3. The determination of the areas in the community in which Head Start/Early Head Start programs operate;

 Plans to use all available community resources in Head Start/Early Head Start;

5. Criteria for selection of children within applicable laws and HHS guidelines;

6. The determination of what services should be provided to Head Start/Early Head Start from the program;

7. Head Start/Early Head Start personnel policies, including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures;

8. Hiring and firing Head Start Director in accordance with Palm Beach County Personnel Policies and Procedures;

9. Hiring and firing of Head Start/Early Head Start staff in accordance with Palm Beach County Personnel Policies and Procedures;

Requests for funds and proposed work program prior to submittal to
 HHS;

11. Major changes in budget and work programs while programs are in operation; and

12. Information submitted to HHS for pre-view in addition to those functions listed in Appendix A

J. The Head Start/Early Head Start Policy Council shall:

Serve as a link between public and private organizations and the community;

2. Have the opportunity to initiate suggestions and ideas for program improvements and to receive a report on actions taken by the County with regard to its recommendations;

3. Plan, coordinate and organize county-wide activities for parents with the assistance of staff;

4. Recruit volunteer services from parents, community residents and community organizations, and mobilize community resources to meet identified needs;

5. Distribute Parent Activity funds to policy committees, subject to Board of County Commissioners' approval.

6. Submit an annual report to the Board of County Commissioners

7. Provide advice and recommendations to the Board of County Commissioners on Head Start/Early Head Start Program and work cooperatively with the Board of County Commissioners and County staff in carrying out the program's objectives.

Meetings of Head Start/Early Head Start Policy Council

K.

The Head Start/Early Head Start Policy Council shall meet not less than once per month. A quorum must be present for the conducting of all business. The presence

of at least one-third (1/3) of the members appointed shall constitute a quorum. All meetings shall be governed by Roberts' Rules of Order.

Reasonable public notice of all meetings shall be provided and all such meetings shall be open to the public at all times. Minutes of all meetings shall be taken and available for public inspection.

L. Chair and Vice-Chair

A Chair and Vice-Chair shall be elected by a majority of the Head Start/Early Head Start Policy Council and shall serve for a term of one year.

Duties of the Chair:

 Call Head Start/Early Head Start Policy Council meetings and set the agenda for same;

2. Preside at Head Start/Early Head Start Policy Council meetings;

3. Establish committees, appoint committee chairs and charge

committees with specific tasks;

4. Perform other functions as the Council may assign by rule or order

5. The Chair shall be a voting member of the Head Start/Early Head Start Policy Council.

M. Duties of Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the Chair's absence and such other duties as the Chair may assign. If a vacancy occurs in the office of the Chair, the Vice-Chair shall become the chair for the unexpired term. If a vacancy occurs in the office of Vice-Chair, the Council will elect another member to fill the unexpired term of the Vice-Chair.

II. Effective Date

This resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida.

The foregoing Resolution was offered by Commissioner Aaronsonand moved its adoption.

The motion was seconded by Commissioner Greene upon being put to a vote, the vote was as follows:

| TONY MASILOTTI | | Aye |
|------------------|-------------|-----|
| ADDIE L. GREENE | _ | Aye |
| KAREN T. MARCUS | | Aye |
| JEFF KOONS | _ | Aye |
| WARREN H. NEWELL | _ | Aye |
| MARY McCARTY | - | Aye |
| BURT AARONSON | - _ | Aye |

The Chairman thereupon declared the Resolution duly passed and adopted this 12th

day of September, 2006.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

By

Assistant County Attorney

SHARON R. BOCK, CLERK & COMPTROLLER

By: Deputy Clerk

HEAD START/EARLY HEAD START POLICY COUNCIL

ADVISORY BOARD MEMBERS

Page 1

| SEAT ID | CURRENT MEMBER | RACE CODE | BUSINESS/ HOME PHONE | REQUIREMENT | APPOINT DATE | RE-APPT DATE | EXPIRE DATE |
|--------------------|--|--------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| APPOIN 1 | TED BY: At Large Judith Dryer N/A 2770 Foxhall Drive West West Palm Beach, FL 33417 | BF | (561) 688-2082 | Community Rep. | 02/27/2007 | 11 | 03/27/2010 |
| 2 | Vice Mayor Retha Lowe City of Lake Worth 7 N. Dixie Highway Lake Worth, FL 33460 | WF | (561) 586-1600 () - | Community Rep. | 08/15/2006 | 11 | 09/26/2009 |
| 3 | James Leger Badiovision fm'sea 1860 Old Okeechobee Road, Suit West Palm Beach, FL 33409 | ВМ | (561) 719-4098 | Community Rep. | 02/27/2007 | 11 | 03/27/2010 |
| 4 | Diane L. Walker PBSO P.O. Box 312 Pahokee, FL 33476 | BF | (561) 996-1670 (561) 924-5200 | Community Rep. | 02/27/2007 | 11 | 03/27/2010 |
| 5 | Rosanna N. Zamora Kaiser Group & Associates P.O. Box 802 Belle Glade, FL 33430 | BF | (561) 993-1850 | Community Rep. | 02/27/2007 | .11 | 03/27/2010 |
| 6 | Cynthia Smith 944 30th Court West Palm Beach, FL 33407 | BF | (561) 844-0457 | Community Rep. | 08/15/2006 | 11 | 09/26/2009 |
| 7 | Maxine Schoolfield N/A P.O. Box 110 Pahokee, FL 33476 | BF | (561) 924-7212 | Community Rep. | 02/27/2007 | // | 03/27/2010 |
| 9 | Vincent J. Faga 330 N. Ware Drive West Palm Beach, FL 33409 | WM | (561) 833-6333 (561) 686-5217 | Community Rep. | 03/15/2005 | 11 | 09/30/2007 |

HEAD START/EARLY HEAD START POLICY COUNCIL

ADVISORY BOARD MEMBERS

| SEA ID | T | CURRENT MEMBER | | BUSINESS/ HOME PHONE | REQUIREMENT | APPOINT DATE | RE-APPT DATE | EXPIRE DATE |
|--------------------|----|---|----|----------------------------------|------------------------------------|-----------------|-----------------|----------------|
| APPOI 10 | ги | ED BY: At Large Stephanie Taylor 815 W. Boynton Beach Blvd, Apt Boynton Beach, FL 33426 | BF | (561) 350-4325 | Parent Representative Boynton | 02/27/2007 | 11 | 09/26/2009 |
| 10 | A | Tracy Saunders 7500-San Castle Blvd. Boynton Beach, FL 33462 | BF | (561) 214-0127 | Parent Representative Boynton | 02/27/2007 | 11. | 09/26/2009 |
| 10 | B | Yves Oscar 10154 Boynton Place Circle Boynton Beach, FL 33437 | BM | (561) 732-6964 | Parent Representative Boynton | 02/27/2007 | 11 | 09/26/2009 |
| 11 | | Cristina Martinez 1101 Military Trail, Apt. 147 Jupiter, FL 33458 | WF | (561) 346-2503 | Parent Representative Jupiter | 02/27/2007 | 11 | 09/26/2009 |
| 11 | A | Dina Albizures 125 - 7th Street Jupiter, FL 33458 | HF | (561) 281-6279 | Parent Representative Jupiter | 02/27/2007 | · · / / | 09/26/2009 |
| 11 | В | Benett Barrios 17965 Thelma Avenue, Apt. G Jupiter, FL 33458 | HF | (561) 262-8414 | Parent Representative Jupiter | 02/27/2007 | 11 | 09/26/2009 |
| 12 | | Nancy Ramos 950 Old U.S. Highway 27, N/B 1 South Bay, FL 33493 | HF | (561) 261-3912 | Parent Representative South Bay | 02/27/2007 | 11 | 09/26/2009 |
| 12 | A | Albert Dowdell 781 N.E. 1st Street Belle Glade, FL 33430 | ВМ | (561) 985-3081 (561) 996-9617 | South Bay Early Head Start | 02/27/2007 | 11 | 09/26/2009 |
| 13 | | Yolanda Warren 11 Roosevelt Street Belle Glade, FL 33430 | BF | (561) 985-1961 (561) 993-0339 | Parent Representative Palm Glades | 02/27/2007 | 11. | 09/26/2009 |
| 14 | | Nadleen Seraphin 3091 Ocean Parkway Boynton Beach, FL 33435 | BF | (561) 860-2630 | Parent Representative Delray Beach | 02/27/2007 | 11 | 09/26/2009 |

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HEAD START/EARLY HEAD START POLICY COUNCIL

ADVISORY BOARD MEMBERS

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| SEA ID | | CURRENT MEMBER | RACE | BUSINESS/ HOME PHONE | REQUIREMENT | APPOINT DATE | RE-APPT DATE | EXPIRE DATE |
|-----------|---|--|--------|----------------------------------|-------------------------------------|-----------------|-----------------|----------------|
| | A | ED BY: At Large Gloria Bostwick 809 S.W. 10th Avenue Delray Beach, FL 33444 | BF | (561) 255-2597 (561) 577-9770 | Parent Representative Delray Beach | 02/27/2007 | 11 | 09/26/2009 |
| 15 | | Sirleana Noble 1583 Singletary Avenue Pahokee, FL 33476 | BF | (561) 924-6990 | Parent Representative Pahokee | 02/27/2007 | 11 | 09/26/2009 |
| 15 | | Tina Vann 38592 - 4th Stree Canal Point, FL 33438 | WF | (561) 261-5883 | Parent Representative Pahokee | 02/27/2007 | 11 | 09/26/2009 |
| 15 | | Orde Brown 690 Waddell Way Pahokee, FL 33476 | BF | (561) 924-3550 | Parent Representative Pahokee | 02/27/2007 | 11 | 09/26/2009 |
| 16 | | Clairasena Myrick 2326 Schall Circle Wet Palm Beach, FL 33417 | BF | (561) 688-5757 (561) 586-1108 | Parent Representative Westgate | 02/27/2007 | 11 | 09/26/2009 |
| 16 | | Blondsha Harris 4357 Melaleuca Trail West Palm Beach, FL 33406 | BF | (561) 963-3537 | Parent Representative Westgate | 02/27/2007 | 11 | 09/26/2009 |
| 17 | | Andrea Poitier 1691 No. Seacrest Blvd. Boynton Beach, FL 33435 | BF | (561) 856-8801 | Parent Representative Lake Worth | 02/27/2007 | 11 | 09/26/2009 |
| 17 | | Nakia Harp 6472 Seminole Circle Lantana, FL 33462 | BF | (561) 649-4296 | Parent Representative Lake Worth | 02/27/2007 | 11 | 09/26/2009 |
| 18 | | Kenneth Higgins 1690 W. 16th St. Riviera Beach, FL 33404 | BM | (561) 881-4563 | Parent Representative Riviera Beact | n 12/21/2004 | 02/27/2007 | 09/26/2007 |
| 18 | A | Tenisha Easter P.O. Box 10093 Riviera Beach, FL 33419 | BF | (561) 584-1530 | Parent Representative Riviera Beac | n 02/27/2007 | 11 | 09/26/2009 |

HEAD START/EARLY HEAD START POLICY COUNCIL

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ADVISORY BOARD MEMBERS

| SEA ID | T | CURRENT MEMBER | RACE CODE | BUSINESS/ HOME PHONE | REQUIREMENT | APPOINT DATE | RE-APPT DATE | EXPIRE DATE |
|-------------------|---|--|--------------|----------------------------------|-------------------------------------|-----------------|-----------------|----------------|
| APPO 18 | | ED BY: At Large James Mims, Sr. 3508 Avenue "S" Riviera Beach, FL 33404 | ВМ | (561) 667-0208 | Parent Representative Riviera Beach | 02/27/2007 | 11 | 09/26/2009 |
| 19 | | Sharon Watson-Grant 1009 Imperial Lake Road West Palm Beach, FL 33413 | BF | (561) 236-5160 | Parent Representative W. Palm | 02/27/2007 | 11 | 09/26/2009 |
| 19 | A | Katherine King 5540 No. Haverhill Rd., Apt #9 West Palm Beach, FL 33401 | BF | (561) 640-0229 | Parent Representative W. Palm | 02/27/2007 | 11 | 09/26/2009 |
| 20 | | Jovonne White 4829 Bimini Circle West Palm Beach, FL 33407 | BF | (561) 574-4652 (561) 471-0091 | Parent Rep. Union Baptist Head | 02/27/2007 | 11 | 09/26/2009 |
| 20 | A | Annamaria Persad-Ali 719 - 49th Street West Palm Beach, FL 33407 | HF | (561) 502-1493 (561) 854-8585 | Parent Rep. Union Baptist Head | 02/27/2007 | 11 | 09/26/2009 |
| 21 | | Danielle Clay 234 N.W. 7th Avenue Delray Beach, FL 33444 | BF | (561) 577-5375 | Early Head Start/Delray Beach | 02/27/2007 | 11 | 09/26/2009 |
| 21 | A | James Stewart 630 S.W. 6th Avenue Delray Beach, FL 33444 | BM | (561) 272-2352 | Early Head Start/Delray Beach | 02/27/2007 | 11 . | 09/26/2009 |
| 22 | | Lesley Ann Henry 225 Laken Drive West Palm Beach, FL 33407 | BF | (561) 282-8315 (561) 881-8165 | Parent Representative Easter Seals | 02/27/2007 | 11 | 09/26/2009 |
| 22 | A | Marshella King 906 - 2nd Street, Apt. #7 West Palm Beach, FL 33401 | BF | (561) 502-6850 | Parent Representative Easter Seals | 02/27/2007 | 11 | 09/26/2009 |
| 23 | | Venita Mills 1412 Palm Glades Drive Belle Glade, FL 33430 | BF | (561) 996-6923 (561) 261-0437 | Family Child Care Home | 02/27/2007 | 11 | 09/26/2009 |

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West Palm Beach, FL 33417

HEAD START/EARLY HEAD START POLICY COUNCIL

ADVISORY BOARD MEMBERS

APPOINT **RE-APPT** EXPIRE RACE **BUSINESS**/ SEAT DATE REQUIREMENT DATE DATE CODE HOME PHONE CURRENT MEMBER APPOINTED BY: At Large Family Child Care Home 11 11 09/26/2009 UN A Vacant () (), FL Home-Based Early Head Start 11 11 11 UN () Vacant () , FL 11 11 11 Home-Based Early Head Start UN . () A Vacant (), FL 11 09/26/2009 02/27/2007 Apostolic CAGE BM Michael Paul Smith 604 - 21st Street, Apt. #C (561) 623-3975 West Palm Beach, FL 33407 09/26/2009 Apostolic CAGE 02/27/2007 11 BM 25 A Chris Lamber (561) 201-5058 850 Martin Luther King Jr. Blv Riviera Beach, FL 33404 Apostolic CAGE 09/26/2009 02/27/2007 11 BF B Cicely Hines (561) 294-6271 1004 Palm Beach Lakes Blvd. West Palm Beach, FL 33401 11 09/26/2009 Apostolic Child Development Center 02/27/2007 BF Tracy Davis (561) 640-0576 100 Wedgewood Plaza, Apt. #113 Riviera Beach, FL 33404 09/26/2009 11 BF A Step Above 02/27/2007 Marie Jose Padovany (561) 503-8346 802 S. Broughton Circle Boynton Beach, FL 33436 09/26/2009 02/27/2007 11 BF A Step Above A Danielle S. Herbert (561) 214-0127 1211 Meadows Circle Boynton Beach, FL 33436 09/26/2009 02/27/2007 11 **Emmanuel Child Development** BF Charlene Alonso (561) 686-7683 1089 Drexel Road

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HEAD START/EARLY HEAD START POLICY COUNCIL

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ADVISORY BOARD MEMBERS

| SEAT ID | CURRENT MEMBER | RACE CODE | BUSINESS/ HOME PHONE | REQUIREMENT | APPOINT DATE | RE-APPT DATE | EXPIRE DATE |
|--------------|--|--------------|----------------------------------|-----------------------------|-----------------|-----------------|----------------|
| APPOIN 29 | TED BY: At Large Crystal Dalrymple 5111 Caribbean Blvd, Apt. #214 West Palm Beach, FL 33407 | BF | (561) 848-1069 (561) 315-3497 | Kings Kids | 02/27/2007 | 11 | 09/26/2009 |
| 30 | Kerline Salomon 1301 Madison Chase, Apt. 5 Royal Palm Beach, FL 33411 | BF | (561) 667-7304 | My First Steps | 02/27/2007 | 11 | 09/26/2009 |
| 30 A | Carmen Torres 628 Fairfax West Palm Beach, FL 33405 | HF | (561) 804-9120 | My First Steps | 02/27/2007 | 11 | 09/26/2009 |
| 31 | Juliet Murdock 3 Corrie Place Boynton Beach, FL 33426 | BF | (561) 439-6715 | San Castle Early Head Start | 02/27/2007 | 11 | 09/26/2008 |
| 31 A | Elda Molina 1112 South Ridge Road Lantana, FL 33462 | HF | (561) 201-1427 | San Castle Early Head Start | 02/27/2007 | 11 | 09/26/2009 |
| 32 | Nedia Ramos 990 U.S. 27th North Lot B-3 South Bay, FL 33493 | HF | (561) 261-3919 | South Bay Early Head Start | 02/27/2007 | | 09/26/2009 |
| 32 A | Dionne Tolbert 145 N.W. 16th Street Belle Glade, FL 33430 | BF | (561) 261-4047 (561) 993-9309 | South Bay Early Head Start | 02/27/2007 | 11 | 09/26/2009 |
| 33 | Vacant | UN | () | No special requirement | 11 | 11 | 11 |

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