

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

Meeting Date: November 03, 2009

Department: Community Services

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

I. EXECUTIVE BRIEF

Staff recommends motion to approve: appointment of the following Parent Representatives to the Head Start/Early Head Start Policy Council for a term of three (3) years or less, as indicated on the attached Board Appointment Information Form, effective November 03, 2009.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER

(R) = Representative

(A) = Alternate

<u>Seat ID #</u> 10	<u>Boynton Beach</u> Elizabeth Morton (R) Tiffany Morton (A)	<u>Seat ID #</u> 11	<u>Jupiter</u> Gertha Fleurimont-Saint Louis (R) Veronica Samoyoa (A)
<u>Seat ID #</u> 12	<u>South Bay-HS/EHS</u> Tangela Washington (R) Salicia Jackson (A)	<u>Seat ID #</u> 13	<u>Palm Glades</u> Robert Finney III (R) Brandy Smith (A)
<u>Seat ID #</u> 14	<u>Delray Beach HS</u> Deborah Wilson (R) Darline Garcon (A)	<u>Seat ID #</u> 15	<u>Pahokee</u> Debra Jones (R) Kenzea Osborne (A)
<u>Seat ID #</u> 16	<u>Westgate</u> Ellen O. Hollingworth (R) Joann Becerra (A)	<u>Seat ID #</u> 17	<u>Lake Worth</u> Erica Colosimo (R) Melanie Ventura (A)
<u>Seat ID #</u> 18	<u>Riviera Beach</u> Lemita Lubin (R) Babara Thomas (A)	<u>Seat ID #</u> 19	<u>West Palm Beach</u> Ivory Sherrod (R) Amy McDonald (A)
<u>Seat ID #</u> 20	<u>Union Baptist</u> Rosenie Daniels (R) Bulaine Dominique (A)	<u>Seat ID #</u> 21	<u>Delray Beach EHS</u> Theoluna Talegrand (R) Lydia Taylor (A)
<u>Seat ID #</u> 22	<u>Tender Love & Care</u> Vacant (R) Vacant (A)	<u>Seat ID #</u> 23	<u>Family Child Care Home</u> Nancy Lopez (R)
<u>Seat ID #</u> 24	<u>Home Base, EHS</u> Sakina Bivins (R) Diana Elias (A)	<u>Seat ID #</u> 25	<u>Kidz Kaleidoscope Center</u> Vacant (R) Vacant (A)
<u>Seat ID #</u> 26	<u>Apostolic CDC, Inc.</u> Vacant (R)	<u>Seat ID #</u> 27	<u>A Step Above</u> Madacee Marques (R) Nanne Lucee (A)
<u>Seat ID #</u> 28	<u>Emmanuel</u> Mikeria Cromer (R) Lakeysha Coleman (A)	<u>Seat ID #</u> 29	<u>King's Kids</u> Anthony Spence (R) Michael Hill (A)
<u>Seat ID #</u> 30	<u>My First Steps</u> Lina Arango (R) Fiordalma Marroquin (A)	<u>Seat ID #</u> 31	<u>San Castle</u> Byron Brown Jr. (R) Christine Augustin (A)
<u>Seat ID #</u> 32	<u>Community Child Care Center</u> Vacant (R) Vacant (A)	<u>Seat ID #</u> 33	<u>Highland Elementary</u> Vacant (R) Vacant (A)

Summary: (on Page 3)

Background and Justification: (on Page 3)

Attachments:

1. Head Start/Early Head Start Policy Council Resolution No. R-2006-1878
2. Board Appointment Information Forms
3. Head Start/Early Head Start Policy Council Current Board Meeting Listing

Recommended by: 

Department Director

10/29/09
Date

Legal Sufficiency: 

Assistant County Attorney

10/29/09
Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

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

Summary: The term of appointment for parent representatives and alternates to the Head Start/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 Policy Council has recommended these individuals for appointment. (Head Start) Countywide (TKF)

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

Part I:

☒ At Large Appointment or ☐ District Appointment

Seat Requirement: Representative - Boynton Beach Seat #: 10 – Rep

☐ *Reappointment or ☒ New Appointment

or [X] to complete the term of Eunice Hernandez Due to: [X] Resignation [] other
Completion of term to expire on: 09/26/2009

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

Name: Morton Elizabeth Denise
Last First Middle

Occupation/Affiliation: Care Tech

N/A

Business Name: _____

	N/A
--	-----

	N/A
--	-----

[illegible]

Residence Address:

Boynton Beach	33435
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City & State _____ Zip Code: _____

Home Phone: (561) 572-6128 Business Phone: () Ext.

Cell Phone: (561) 429-6320 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

Revised 6/2007

Part I:

☒ At Large Appointment or ☐ District Appointment

Seat Requirement: Representative - Jupiter _____ Seat #: 11 - Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Jenny Medina Due to: ☒ resignation ☐ other
Completion of term to expire on: 09/26/2009

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

Name: Fleurimont-Saint Louis Gertha

Last First Middle

Occupation/Affiliation: Parking Lot Attendant

Business Name: Executive Valet

Business Address: 17683 83rd Place, North

City & State Loxohatchee, FL Zip Code: 33470

Residence Address: 3630 Florida Blvd.

City & State Palm Beach Gardens, FL Zip Code: 33410

Home Phone: (561) N/A Business Phone: () Ext.

Cell Phone: (561) 215-1412 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

Part I:

[X] At Large Appointment or [] District Appointment

☒ *Reappointment or ☐ New Appointment

Completion of term to expire on: _____

Email Address: _____

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

Revised 6/2007

**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: 11/03/2009 To: 09/26/2011

Seat Requirement: Alternative - South Bay Seat #: 12 - Alt

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Chanta Wheeler Due to: ☒ Resignation ☐ other

Completion of term to expire on: 09/26/2011

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

Name: Jackson Salicia L.

Last First Middle

Occupation/Affiliation: Lab Tech

University of Florida

Business Name: _____

Business Address: _____

Belle Glade 33430

City & State Zip Code: _____

190 NW 6th Avenue Apt. 1

Residence Address: _____

South Bay 33493

City & State Zip Code: _____

Home Phone: (561) N/A Business Phone: () Ext. _____

Cell Phone: (561) 983-3594 Fax: () _____

Email Address: Saliciajackson@yahoo.com

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Head Start/Early Head Start Policy Council

[X] At Large Appointment or [] District Appointment

Term of Appointment: _____ Years. From: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative - Palm Glades Seat #: 13 - Rep

☐ *Reappointment or ☒ New Appointment

or ☒ [X] to complete the term of Diane Scantlebury Due to: ☒ [X] resignation ☐ [] other
Completion of term to expire on: 09/26/2009

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

Name: Finney III Robert

Last First Middle

Occupation/Affiliation: Behavioral Intervention Associate

Gold Coast Community School

Business Address: Palm Beach School District

City & State: N/A Zip Code: _____

Residence Address: 416 Palm Glades Drive

City & State Belle Glade Zip Code: 33430

Home Phone: (561) 998-9016 Business Phone: () Ext.

Cell Phone: (561) 685-1808 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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:

Part I:

☒ At Large Appointment or ☐ District Appointment

Seat Requirement: Alternate - Palm Glades Seat #: 13 - Alt

or [X] to complete the term of Patricia Jacques Due to: [X] Resignation [] other
Completion of term to expire on: 09/26/2009

Name: Smith Brandy Sharel

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State _____ Zip Code: _____

Residence Address: 416 Palm Glade Drive

City & State: Belle Glade Zip Code: 33430

Home Phone: (561) 996-9076 Business Phone: () Ext.

Cell Phone: (561) _____ Fax: () _____

Email Address: Bsmith823@yahoo.com

Mailing Address preference: ☐ Business Address ☒ Residence

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

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative - Delray Beach Seat #: 14 - Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Juliet Murdock Due to: ☒ Resignation ☐ other

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

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

Name: Wilson Deborah

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 217 SW 6th Avenue

City & State: Delray Beach Zip Code: 33444

Home Phone: (561) 859-1100 Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Delray Beach Seat #: 14 - Alt

☐ *Reappointment or ☒ New Appointment

or [X] to complete the term of Tyrrah Puckett Due to: [X] Resignation [] other
Completion of term to expire on: 09/26/2009

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

Name: Garcon Darline

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code: _____

Residence Address: 3038 Anger Drive

City & State	Delray Beach	Zip Code:	33445
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Home Phone: (561) 305-6609 Business Phone: () Ext.

Cell Phone: (561) _____ Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

Part I:

☒ At Large Appointment or ☐ District Appointment

[illegible]

☒ *Reappointment or ☐ New Appointment

or [] to complete the term of _____ Due to: [X] Resignation [] other
Completion of term to expire on: _____

Name: Jones Debra

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code: _____

Residence Address: 140 Banyan Avenue

City & State	Pahokee	Zip Code:	33476
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Home Phone: (561) 924-9273 Business Phone: () Ext.

Cell Phone: (561) 420-1120 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

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

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Pahokee Seat #: 15 - Alt

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Janice Morgan Due to: ☒ Resignation ☐ other

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

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

Name: Osborne Kenza _____

Last First Middle

Occupation/Affiliation: Student (Retired)

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 2535 SW 14th Terr

City & State: Pahokee Zip Code: 33476

Home Phone: (561) N/A Business Phone: () Ext. _____

Cell Phone: (561) 261-0053 Fax: ()

Email Address: Lakiatha26@hotmail.com

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

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_____ Number of previously disclosed voting conflicts during the previous term

Signature: _____ Date: _____

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Revised 6/2007

**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: 11/03/2009 To: 11/02/2010

Seat Requirement: Representative - Westgate Seat #: 16 - Rep

☒ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Hollingworth Ellen Ona

Last First Middle

Occupation/Affiliation: Housekeeper/Office Assistant

Business Name: Shelter Corporation /Colony Park Apts

Business Address: 8215 Belvedere Road

City & State: West Palm Beach Zip Code: 33411

Residence Address: 8205 Belvedere Road, Apt. 202

City & State: West Palm Beach Zip Code: 33411

Home Phone: (561) 422-8038 Business Phone: () Ext.

Cell Phone: (561) 255-9152 Fax: ()

Email Address: Hollingworth.ellen@yahoo.com

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

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**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Westgate Seat #: 16 -Alt

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Adriana Monroy Due to: ☒ resignation ☐ other

Completion of term to expire on: 9/26/2009

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

Name: Becerra Joann _____

Last First Middle

Occupation/Affiliation: Office Manager

Business Name: Avila Lawn & Janitorial

Business Address: 3096 Collins Dr

City & State: West Palm Beach Zip Code: 33406

Residence Address: 213 Lainhart Ct.

City & State: West Palm Beach Zip Code: 33409

Home Phone: (561) 847-4462 Business Phone: () Ext.

Cell Phone: (561) 644-4867 Fax: ()

Email Address: Hollingworth.ellen@yahoo.com

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

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Part I:

☒ At Large Appointment or ☐ District Appointment

☒ *Reappointment or ☐ New Appointment

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

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**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: 11/03/2009 To: 11/02/2012

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

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Guirlande Pierre Due to: ☒ Resignation ☐ other
Completion of term to expire on: 09/26/2009

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

Name: Ventura Last Melanie First _____ Middle _____

Occupation/Affiliation: Nail Tech

Business Name: Nail Tech Salon

Business Address: 21 Boynton Beach Blvd. and Military Trail

City & State _____ Zip Code: _____

Residence Address: 519 South M. Street

City & State Lake Worth Zip Code: 33460

Home Phone: (561) N/A Business Phone: () Ext.

Cell Phone: (561) 209-9005 Fax: ()

Email Address: BMwit2kids11@comcast.net

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative – Riviera Beach Seat #: 18 – Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Tawania Nubin Due to: ☒ Resignation ☐ other

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

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

Name: Lubin Lemita

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 9106 Ducale Way

City & State: Palm Beach Gardens Zip Code: 33418

Home Phone: (561) 667-1664 Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

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: 11/03/2009 To: 11/02/2012

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

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Mary De Younks Due to: ☒ Resignation ☐ other

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

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

Name: Thomas Barbara

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 1641 W. 34th

City & State: Riviera Beach Zip Code: 33404

Home Phone: (561) 845-7957 Business Phone: () Ext. _____

Cell Phone: (561) 809-1691 Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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: _____

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative - West Palm Beach Seat #: 19 - Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Lorraine Hunt Due to: ☒ Resignation ☐ other

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

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

Name: Sherrod Ivory _____

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 4532 Emerald Vista Apt. I-285

City & State: Lake Worth Zip Code: 33461

Home Phone: (561) 429-6915 Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - West Palm Beach Seat #: 19 – Alt

☐ *Reappointment or ☒ New Appointment

or ☒ [X] to complete the term of Karen Hill-Simpson Due to: ☒ [X] resignation ☐ [] other
Completion of term to expire on: 09/26/2009

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

Name: McDonald Amy

Last First Middle

Occupation/Affiliation:	N/A
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Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 1008 Abraham Avenue

City & State	West Palm Beach	Zip Code:	33401
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Home Phone: (561) 294-4447 Business Phone: () Ext.

Cell Phone: (561) _____ Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative – Union Baptist Head Start Seat #: 20 – Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Rosemene Gedeon Due to: ☒ resignation ☐ other

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

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

Name: Daniels Rosenie

Last First Middle

Occupation/Affiliation: Publix Supermarket

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 423 Silver Beach Road

City & State: Lake Paark Zip Code: 33403

Home Phone: (561) N/A Business Phone: () Ext. _____

Cell Phone: (561) 909-8947 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Head Start/Early Head Start Policy Council

[X] At Large Appointment or [] District Appointment

Term of Appointment: Years. From: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Union Baptist Head Start Seat #: 20 - Alt

☐ *Reappointment or ☒ New Appointment

or [X] to complete the term of Lerelia Lubin Due to: [X] Resignation [] other
Completion of term to expire on: 09/26/2009

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

Name: Dominique Bulaine

Last First Middle

Occupation/Affiliation:	N/A
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Business Name: N/A

Business Address: N/A

City & State	N/a	File #
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520 Peachtree Drive

Residence Address: _____

City & State _____ Zip Code: _____

Home Phone: (561) 844-5534 Business Phone: () Ext.

Cell Phone: (561) N/A 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)
 [X] 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: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 09/26/2011

Seat Requirement: Representative - EHS Delay Seat #: 21 - Rep

☒ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Talegrand Theoluna

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: Building #21 Southern Cross Circle apt # 206

City & State: Boynton Beach Zip Code: 33436

Home Phone: (561) 860-4377 Business Phone: () Ext. _____

Cell Phone: (561) 860-4377 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - EHS Delray Seat #: 21 - Alt

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ resignation ☐ other

Completion of term to expire on: _____

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

Name: Taylor Lydia _____

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 332 South Swinton Avenue

City & State: Delray Beach Zip Code: 33444

Home Phone: (561) N/A Business Phone: () Ext. _____

Cell Phone: (561) 503-8332 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative - Family Day Care Operator Seat #: 23 - Rep

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Lopez Nancy

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: 33407

Residence Address: 1140 NE 20th Street

City & State: Belle Glade Zip Code: 33430

Home Phone: (561) 996-7712 Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - EHS Home Based Seat #: 24 - Alt

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Elias Diana i

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 1405 SW 2nd Street

City & State: Boynton Beach Zip Code: 33435

Home Phone: (561) N/A Business Phone: () Ext. _____

Cell Phone: (561) 396-5420 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

Part I:

☒ At Large Appointment or ☐ District Appointment

Seat Requirement: Representative - A Step Above **Seat #:** 27 – Rep

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Anne Vildania Luce Due to: ☒ Resignation ☐ other
Completion of term to expire on: 09/26/2009

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

Name: Marques Madacee

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State _____ Zip Code: _____

Residence Address: 2 Southern Cross Lane # 201

City & State	Boynton Beach	Zip Code:	33436
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Home Phone: (561) N/A Business Phone: () Ext.

Cell Phone: (561) 506-6116 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Representative - Emmanuel Seat #: 28 - Rep

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Cromer Mikeria

Last First Middle

Occupation/Affiliation: Youth Center Worker

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 5030 Palm Hill Drive

City & State: West Palm Beach Zip Code: 33415

Home Phone: (561) 891-5227 Business Phone: () Ext. _____

Cell Phone: (561) N/A Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Emmanuel Seat #: 28 - Alt

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Tiffany Hodges Due to: ☒ Resignation ☐ other

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

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

Name: Coleman Lakeysha

Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/a Zip Code: _____

Residence Address: 9386 Belle Wood Street

City & State: Palm Beach Gardens Zip Code: 33410

Home Phone: (561) 201-3295 Business Phone: () Ext. _____

Cell Phone: (561) N/A Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

Part I:

☒ At Large Appointment or ☐ District Appointment

☐ *Reappointment or ☒ New Appointment

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

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

Part III: COMMISSIONER COMMENTS

***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.**

Date: _____

Revised 6/2007

**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: 11/03/2009 To: 11/02/2012

Seat Requirement: Alternate - Kings Kids Seat #: 29 - Alt

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

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

Name: Hill Michael _____

Last First Middle

Occupation/Affiliation: _____

Business Name: Kings Kids Early Learning Center

Business Address: 5917 N. Haverhill Road

City & State: West Palm Beach Zip Code: 33407

Residence Address: 849 30th Street

City & State: West Palm Beach Zip Code: 33407

Home Phone: (561) N/A Business Phone: (561) 686-3900 Ext. _____

Cell Phone: (561) 667-9570 Fax: (561) 686-0176

Email Address: kingskidselc@aol.com

Mailing Address preference: ☒ Business Address ☒ Residence

Minority Identification Code:

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: November 3, 2009

***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 and photocopied by members of the public.

Revised 6/2007

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. Requirements for Membership

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.

B. **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.

C. **Prohibition of County Staff**

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

D. **Terms of Appointment**

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.

E. **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.

F. **Elected Office**

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

G. **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

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

H. **Ethics**

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

I. **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;
 4. 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;
10. 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:

1. 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.

K. **Meetings of Head Start/Early Head Start Policy Council**

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:

1. 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 Aaronson and moved its adoption.

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

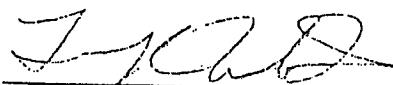
TONY MASILOTTI	-	Aye
ADDIE L. GREENE	-	Aye
KAREN T. MARCUS	-	Aye
JEFF KOONS	-	Aye
WARREN H. NEWELL	-	Aye
MARY McCARTY	-	Aye
BURT AARONSON	-	Aye

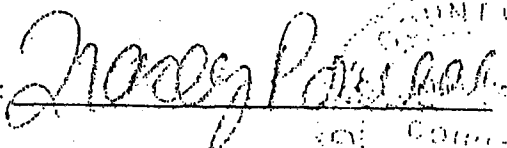
The Chairman thereupon declared the Resolution duly passed and adopted this 12th day of September, 2006.

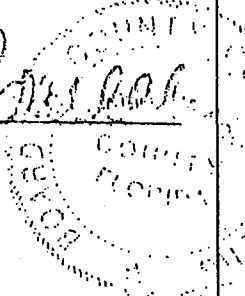
APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY
ITS BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK &
COMPTROLLER

By: 
Assistant County Attorney

By: 
Deputy Clerk





**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HEAD START/EARLY HEAD START POLICY COUNCIL**

I. AUTHORITY :

Resolution No. R-92-444, adopted 3/24/92, repealed and replaced by Resolution No. R2000-1866 on November 21, 2000; repealed and replaced by Resolution No. R2006-1878 on September 12, 2006.

II. APPOINTING BODY :

Board of County Commissioners

III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :

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.

(A) Parent Members: At least 51% of the members of the Head Start/Early Head Start Policy Council must be parents of Head Start/Early Head Start children presently enrolled in the PBC Head Start program. ("Parent members"). One parent member and at least one alternate shall be elected by the parents of children currently enrolled in the Head Start/Early Head Start Program at each center operated by PBC and each service area of the Early Head Start program. Alternate members may only vote at meetings at which the elected member is absent. However, the number of parent members may vary depending upon the number of centers and programs in operation. All parents serving on the Head Start/Early Head Start Policy Council as members or as alternates must be approved by the BCC.

(B) Community Representatives: Nine (9) members of the Head Start/Early Head Start Policy Council shall be representatives of the Community. ("Community representatives"). Community representatives must represent major public or private agencies or major community, civic or professional organizations which have a concern for children of low income families or may be parents of former Head Start /Early Head Start children. It is preferred that at least one member of the Head Start/Early Head Start Policy Council have a fiscal or accounting background.

(C) All Community representatives shall be at-large appointments of the BCC and ratified by the elected parent members of the Head Start/Early Head Start Policy Council.

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. County employees may not be appointed to the Head Start/Early Head Start Policy Council. Terms of Appointment: The term of membership shall be for three (3) years, however each year, Policy Council Members

EXTENDED COMPOSITION :

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 (3) years pursuant to federal regulations.

IV. MEETINGS :

Fourth Wednesday of the month at 6:00 p.m. at 3323 Belvedere Road, Building 509, West Palm Beach

V. FUNCTIONS :

The Council shall have general responsibility for establishing a method of hearing and resolving Community complaints about the Head Start program. They shall have operating responsibility for conducting self-evaluation 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.

VI. LIAISON INFORMATION :

LIAISON DEPARTMENT

Community Services

CONTACT PERSON

Nicole Muhammad

ADDRESS

3323 Belvedere Rd Bldg 501 Head Start Children S Services D
West Palm Beach FL 33406
Phone # 561-233-1634



HEAD START/EARLY HEAD START POLICY COUNCIL

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
Appointed By : AT Large								
1	Judith Dryer N/A 2770 Foxhall W Dr West Palm Beach FL 33417	Member	AA	—	Community Rep.	02/27/2007		03/27/2010
NOMINATED BY :								
✓ 2	Retha Lowe City of Lake Worth 7 N Dixie Hwy South Palm Beach FL 33460	Member	EA	561-586-1600	Community Rep.	08/15/2006		09/26/2009
NOMINATED BY :								
3	James Leger Radiovision fm'sea 1860 Old Okeechobee Road S West Palm Beach FL 33409	Member	AA	561-719-4098	Community Rep.	02/27/2007		03/27/2010
NOMINATED BY :								

Appointed ~~By~~ AT Large

4	Diane Walker PBSO P O Box 312 Pahokee FL 33476	Member	AA	561-996-1670	Community Rep.	02/27/2007	03/27/2010
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NOMINATED BY :

5	Rosanna Zamora Kaiser Group & Associates P O Box 802 Belle Glade FL 33430	Member	AA	—	Community Rep.	02/27/2007	03/27/2010
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NOMINATED BY :

6	Cynthia Smith 944 30th Ct West Palm Beach FL 33407	Member	AA	561-844-0457	Community Rep.	08/15/2006	09/26/2009
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NOMINATED BY :

✓ 7	Maxine Schoolfield N/A P O Box 110 Pahokee FL 33476	Member	AA	—	Community Rep.	02/27/2007	03/27/2010
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NOMINATED BY :

Appointed by: AT Large

✓ 8	Nadine Burke	Member	AA	561-255-7411	Community Rep.	06/17/2008	06/16/2011
	219 Lainhart Ct West Palm Beach FL 33409						

NOMINATED BY :

✓ 9	Gwenette Royal	Member	AA	561-992-7545	Community Rep.	06/17/2008	06/16/2011
	1217 SW Avenue "D" Belle Glade FL 33430						

NOMINATED BY :

10	Eunice Hernandez	Member	HA	561-536-8170	Parent Representative Boynton Beach	11/18/2008	09/26/2009
	2125 NE 3rd Ct Boynton Beach FL 33435						

NOMINATED BY :

11	Jenny Medina	Member	HA	—	Parent Representative Jupiter	11/18/2008	09/26/2009
	5202 Myrtlewood E Cir Palm Beach Gardens FL 33410						

NOMINATED BY :

Appointed By: AT Large

11	Veronica Samoyoa 215 Evernia St Jupiter FL 33458	Alternate M	HA	561-401-3797	Parent Representative Jupiter	11/18/2008	09/26/2009
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NOMINATED BY :

11	Gertha Fleurimont-Saint Louis 3630 Florida Blvd Palm Beach Gardens FL 33410	Alternate M	AA	-	Parent Representative Jupiter	11/18/2008	09/26/2009 new 5/03/12
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NOMINATED BY :

12	Kenyea Glaze 245 SW 10th Ave Apt 4 South Bay FL 33493	Member	AA	561-993-0082	Parent Representative South Bay	05/05/2009	05/04/2012
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NOMINATED BY :

12	Chanta Wheeler 530 Pahokee Cir Pahokee FL 33476	Alternate M	AA	561-201-1827	Parent Representative South Bay	11/18/2008	09/26/2011 new 9/26/2011
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NOMINATED BY :

Appointed . AT Large

12	Mattie Moore	Alternate M	AA	561-993-2533		11/18/2008	09/26/2011
	17 Carver St Belle Glade FL 33493						

NOMINATED BY :

13	Diane Scantlebury	Member	AA	561-992-1257	Parent Representative Palm Glades	11/18/2008	09/26/2009
	300 NW 11th St Lot 4 Belle Glade FL 33430						

NOMINATED BY :

13	Patricia Jacques	Alternate M	AA	561-983-2661	Parent Representative Palm Glades	11/18/2008	09/26/2009
	190 N Street Road 715 Lot 11 Belle Glade FL 33430						

NOMINATED BY :

14	Juliet Murdock	Member	AA	561-439-6715	Parent Representative Delray Beach	11/18/2008	09/26/2009
	4311 Star Ruby Blvd Boynton Beach FL 33436 1611						

NOMINATED BY :

Appointed By : AT Large

14	Tyrah Puckett	Alternate M	AA	561-455-4885	Parent Representative Delray Beach	11/18/2008	09/26/2009
	513 SW 10th St Delray Beach FL 33444						

NOMINATED BY :

15	Debra Jones	Member	AA	561-924-9273	Parent Representative Pahokee	05/05/2009	09/26/2009
	140 Banyan Ave Pahokee FL 33476						

NOMINATED BY :

15	Janice Morgan	Alternate M	UN	561-449-5493	Parent Representative Pahokee	11/18/2008	09/26/2009
	851 Padgett Cir Pahokee FL 33476						

NOMINATED BY :

16	Ellen Hollingworth	Member	AA	561-204-2844	Parent Representative Westgate	11/18/2008	09/26/2009
	8205 Belvedere Rd Apt 202 West Palm Beach FL 33411						

NOMINATED BY :

Appointed : AT Large

16	Adriana Monroy	Alternate M	HA	561-683-7496	Parent Representative Westgate	11/18/2008	09/26/2009
	4987 Sable Pine Cir Apt B2 West Palm Beach FL 33417						

NOMINATED BY :

17	Erica Colosimo	Member	EA	561-536-8822	Parent Representative Lake Worth	11/18/2008	09/26/2009
	179 Belle Grove Ln Royal Palm Beach FL 33411						

NOMINATED BY :

17	Guirlande Pierre	Alternate M	AA	561-253-4520	Parent Representative Lake Worth	11/18/2008	09/26/2009
	3431 Helena Dr Apt 8 Lake Worth FL 33461						

NOMINATED BY :

17	Nixon Marc	Alternate M	AA	—	Parent Representative Lake Worth	11/18/2008	09/26/2011
	985 Manor Dr Apt 22 Palm Springs FL 33461						

NOMINATED BY :

Appointed By : AT Large

18	Tawania Nubin 1588 W 35th St Palm Springs FL 33404	Member	AA	561-844-7449	Parent Representative Riviera Beach	11/18/2008	09/26/2009
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NOMINATED BY :

18	Mary DeYounks 1141 W 26th Ct Riviera Beach FL 33404	Alternate M	AA	561-840-9386	Parent Representative Riviera Beach	11/18/2008	09/26/2009
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NOMINATED BY :

19	Loraine Hunt 4032 Rocks Point Pl West Palm Beach FL 33401	Member	AA	561-842-3375	Parent Representative W. Palm Beach	11/18/2008	09/26/2009
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NOMINATED BY :

19	Karen Hill-Simpson 1306 N Mangonia Dr West Palm Beach FL 33401	Alternate M	AA	561-655-2958	Parent Representative W. Palm Beach	11/18/2008	09/26/2009
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NOMINATED BY :

Appointed by : AT Large

20	Rosemene Gedeon	Member	AA	—	Parent Rep. Union Baptist Head Start	11/18/2008	09/26/2009
	4680 N Congress Ave Apt C-1 West Palm Beach FL 33407						

NOMINATED BY :

20	Lerelia Lubin	Alternate M	AA	561-841-0208	Parent Rep. Union Baptist Head Start	11/18/2008	09/26/2009
	526 Bayberry Dr Boynton Beach FL 33403						

NOMINATED BY :

21	Thealuna Talegrand	Member	AA	561-880-7106	Early Head Start/Delray Beach	11/18/2008	09/26/2009
	1025 Auburn Trce Delray Beach FL 33444						

NOMINATED BY :

22	Vacant	Member	UN	—	Parent Representative Easter Seals	NO	
	FL						

NOMINATED BY :

Appointed By : AT Large

23	Vacant	Member	UN	—	Family Day Care Operator
	FL				

NOMINATED BY :

24	Vacant	Member	UN	—	Early Head Start Home Based
	FL				

NOMINATED BY :

25	Vacant	Member	UN	—	Apostolic Cage
	FL				

NOMINATED BY :

26	Vacant	Member	UN	—	Apostolic Child Development Center
	FL				

NOMINATED BY :

Appointed By : AT Large

27	Anne Vildania Luce	Member	AA	561-452-2873	A Step Above	11/18/2008	09/26/2009
	1 Southern Cross Ln Apt 206 Boynton Beach FL 33436						

NOMINATED BY :

27	Hudson Lafaille	Alternate M	AA	561-924-1498	A Step Above	05/05/2009	09/26/2009
	6880 Beacon Hollow Turn Boynton Beach FL 33437						

NOMINATED BY :

27	Madacce Marques	Alternate M	AA	561-737-8855	A Step Above	11/18/2008	09/26/2011
	2 Southern Cross Ln Apt 201 Boynton Beach FL 33436						

NOMINATED BY :

28	Vacant	Member	UN	—	Emmanuel Child Development Center		
	FL						

NOMINATED BY :

Appointed By : AT Large

28	Tiffany Hodges	Alternate M	AA	561-985-4943	Emmanuel Child Development Center	05/05/2009	09/26/2009
	1203 Benoist Farms Rd Apt 2 West Palm Beach FL 33411						

NOMINATED BY :

29	Jevette Padgett	Member	AA	—	Kings Kids	11/18/2008	09/26/2009
	5865 N Haverhill Rd Apt 3902 West Palm Beach FL 33407						

NOMINATED BY :

30	Vacant	Member	UN	—	My First Steps		
	FL						

NOMINATED BY :

31	Vacant	Member	UN	—	San Castle Early Head Start		
	FL						

NOMINATED BY :

Appointed by: AT Large

31	Darline Rene-Bien-Aime	Alternate M	AA	561-503-0367	San Castle Early Head Start	11/18/2008	09/26/2009
	644 NW 13th St Apt 11 Boca Raton FL 33486						

NOMINATED BY :

32	Vacant	Member	UN	—	South Bay Early Head Start		
	FL						

NOMINATED BY :

33	Vacant	Member	UN	—	No Special Requirement	/ /	
	FL						

NOMINATED BY :