6A1 Agenda Item #:

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
<u>Seat ID #</u> 10	(R) = Representative <u>Boynton Beach</u> Elizabeth Morton (R) Tiffany Morton (A)	(A) = Ali <u>Seat ID #</u> 11	
<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	Family Child Care Home 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)
Seat ID # 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
- Board Appointment Information Forms
 Head Start/Early Head Start Policy Court
 - Head Start/Early Head Start Policy Council Current Board Meeting Listing

Recommended by:	10/25/06
Legal Sufficiency:	Date 10/29/09
Assistant County Attorney	Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

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

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 S/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.

<u>Part I:</u>

Board Name: <u>Head Start/Early H</u>	lead Start Policy Co	uncil		· · · · · ·			
[X] At Large Appointment	or	[] Distric	t Appointment				
Term of Appointment:	Years.	From:	11/03/2009		To: <u>1</u>	1/02/2012	
Seat Requirement: Representativ	e - Boynton Beach				Seat #:	<u>10 – Rep</u>	
[]*Reappointment	or	[X] New Appointme	nt				
or [X] to complete the term of Completion of term to expire on:	Eunice Hernandez 09/26/2009	·	Due to:	[X]	Resignation	on []	other

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

Name:	Morton				Elizabeth		Denise
			Last			irst	Middle
Occupation	n/Affiliation:		Care Tech				
Business N	Name:		N/A				
Business A	Address:		N/A		· · · · · · · · · · · · · · · · · · ·		
City & Sta	ıte		N/A			Zip Code:	
Residence	Address:		110 NW 6 th A	venue			· · · · · · · · · · · · · · · · · · ·
City & Sta	te		Boynton Beac	ch		Zip Code:	33435
Home Pho	ne:	(561	1) 572-6128		Business Phone:		Ext.
Cell Phone	:	(561) 429-6320	· .	Fax:		
Email Add	lress:						
	-						
Mailing A	ddress preference	∺[]B	usiness Address	[X] Residence			
[] IF [] AF [X] BF [] HF	Identification Cod (Native-American (Asian-American) (African-America (Hispanic-America (Caucasian Female	Female) Female) n Female an Female	;)	[] AM (Asian] BM (Afric	ve-American Indian Male) 1-American Male) an-American Male) anic-American Male) asian Male)		
<u>Part III:</u>	COMMISSIONE	R COM	MENTS				
Appointme	ent to be made at B	CC Mee	ting on:		November 3, 2009		
*When a p Commissi	person is being con oners.	nsidered	for re-appoint	tment, the numb	er of previous disclosed vot	ing conflicts shall be	e considered by the Board of Coun
	Number of prev	iously d	isclosed voting	conflicts during t	he previous term		
Signature:					Date:		
• ······							

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P	art	1:

<u>Part I:</u>						
Board Name: <u>Head Sta</u>	art/Early Head Start Policy	Council				
[X] At Large Appoin	ntment or	[] District Ap	pointment			
Term of Appointment:	Years.	From: <u>11/0</u>	3/2009	To:11/02/	2012	
Seat Requirement: A	ternate - Boynton Beach			Seat #:	0 – Alt	
[]*Reappointment	or	[X] New Appointment				
or [] to complete the	e term of	-	Due to: []	resignation	[]	other
Completion of term to expire on:		······································				
<u>Part II:</u> APPLICANT, UNLE Name: Morton	ESS EXEMPTED, MUST B	E A COUNTY RESIDENT Tiffany		Т.		
· · · · · · · · · · · · · · · · · · ·	Last		First		Middle	
Occupation/Affiliation:	N/A					
Business Name:	N/A					
Business Address:	N/A		<u> </u>			
City & State	N/A	<u> </u>	Zip Code:			
Residence Address:	420 NW 3 rd Avenue					
City & State	Boynton Beach	· · · · · · · · · · · · · · · · · · ·	Zip Code:	33435		<u>,</u>
Home Phone:	(561) 674-5387	Business Phon	e: _(_)	Ех	: t.	
Cell Phone:	(561)685-8300	Fax:	()			
Mailing Address preference: [Minority Identification Code:] IF (Native-American Fee] AF (Asian-American Fee [] AF (African-American Fee [] HF (Hispanic-American I [] WF (Caucasian Female)	male) [] I nale) [] / emale) [] F Female) [] H	Residence M (Native-American Indian Ma M (Asian-American Male) M (African-American Male) M (Hispanic-American Male) /M (Caucasian Male)	ale)			•
Part III: COMMISSIONER (
Appointment to be made at BCC		November 3, 200	9			
*When a person is being consid Commissioners.				hall be considered	l by the Boai	d of Coun
Number of previou	usly disclosed voting conflict	ts during the previous term				
Signature:		Date:				
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Board Name: <u>Head Start/Early H</u>	ead Start Policy Co	uncil					
[X] At Large Appointment	or	[] District	Appointment				
Term of Appointment:	Years.	From: <u>1</u>	1/03/2009		To: <u>11/0</u>	2/2012	
Seat Requirement: Representative	e - Jupiter	<u> </u>			Seat #:	11 – Rep	
[]*Reappointment	or	[X] New Appointment					
or [X] to complete the term of Completion of term to expire on:	Jenny Medina 09/26/2009	······································	_ Due to:	[X]	resignation	[]	other

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

<u>Part I:</u>

Name:	Fleurimont-Saint Louis	· · · · · · · · · · · · · · · · · · ·	Gertha	<u></u>	
		Last	Fir	st	Middle
Occupation/	Affiliation:	Parking Lot Attendant	ź		
Business Na	me:	Executive Valet		<u></u>	
Business Ad	dress:	17683 83 rd Place, North			· · · · · · · · · · · · · · · · · · ·
City & State	-	Loxohatchee, FL		Zip Code:	33470
Residence A	ddress:	3630 Florida Blvd.			
City & State	-	Palm Beach Gardens, FL		Zip Code:	33410
Home Phone	e: <u>(561</u>) N/A	Business Phone:	()	Ext.
Cell Phone:	(561) 215-1412	Fax:	<u> ()</u>	
Email Addre	ess:				
Minority Id [] IF ([] AF (.	lentification Code: Native-American Female) Asian-American Female)	[] AM (Asian-An			
[]HF (African-American Female Hispanic-American Femal Caucasian Female)		American Male)		
<u>Part III:</u> C	COMMISSIONER COM	MENTS			
Appointmen	t to be made at BCC Mee	ting on:	November 3, 2009		
*When a pe Commission	erson is being considered ners.	for re-appointment, the number of	previous disclosed votin	ng conflicts shall be co	nsidered by the Board of Count
	Number of previously d	lisclosed voting conflicts during the p	revious term		
Signature:			Date:		
	Florida's Public Records I pied by members of the p	Law, this document may be reviewed ublic.	Revised 6/	2007	

<u>Part I:</u>								
Board Name:	Head Start/Early He	ad Start Policy (Council					
[X]At La	rge Appointment	or	[] Dist	rict Appointment				
Term of Appointment:		Years.	From:	11/03/2009		To:11/02	/2011	
Seat Requirement:	Alternate - Ju	piter				Seat #:	11 - Alt	
[X]*Reapp	ointment	or	[] New Appointm	ent				
or [] to co	omplete the term of			Due to:	[]	Resignation	[]	other
Completion of term to	expire on:				_			
Part II: APPLICA	NT, UNLESS EXEMP	TED, MUST BE	A COUNTY RESIDE	NT				
Name: Samoyo			Veroni					
	La	st		First			Middle	
Occupation/Affiliation	: N/A							
-	N/A	·, ·	······					
Business Name:	N/A							
	N/A		·					
Business Address:								
City & State	N/A			Zi	p Code:		·····	
					F 0000.	·		
Residence Address:	203 S	outh Street						

City & State	Jupiter	······································	Zip Code:			
Home Phone:	(561) 401-3797	Business Phone:		Ext.		
Cell Phone:	(561)	Fax:	()			
Email Address:						

Mailing Address preference: [] Business Address [X] 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)	
[X] HF (Hispanic-American Female) [] HM (Hispanic-American Male	
[] WF (Caucasian Female) [] WM (Caucasian Male)	9

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:	
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Date: _____

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<u>Part I:</u>		*						
Board Name:	Head Start/Early H	ead Start Policy C	ouncil					
[X]At Lar	ge Appointment	or	[] Di	strict Appointment				
Term of Appointment:		Years.	From:	11/03/2009		To: <u>05</u>	/04/2012	·
Seat Requirement:	Representativ	e - South Bay				Seat #:	<u>12 – Rep</u>	
[]*Reappoi	intment	or	[X] New Appoin	tment				
or [X] to co Completion of term to e	mplete the term of expire on:	Kenyea Glaze 05/04/2012		Due to:	[X]	Resignation	n []	other
Part II: APPLICAN	NT, UNLESS EXEM	PTED, MUST BE	A COUNTY RESIDE	ENT				
Name: Washing		ast	Tange	la First			Middle	
				1.11.51			Middle	
Occupation/Affiliation:	Stude	ent						
Business Name:	N/A		······································					<u> </u>
Business Address:	N/A						· · · · · · · · · · · · · · · · · · ·	
City & State	N/A			2	ip Code:			
Residence Address:	570 1	Ranchero Road Ap	t, #1	2.6				
City & State	Belle	Glade		2	ip Code:	33	430	
Home Phone:	(561) 692	-8011	Busin	ess Phone:	<u> </u>		Ext.	
Cell Phone:	<u>(561)</u> N/A	·	Fax:		()			
Email Address:					· · · · · · · · · · · · · · · · · · ·			
Mailing Address pref	erence: [] Business	Address [X] Re	sidence					
[] AF (Asian-Ame [X] BF (African-Ar	erican Female) erican Female) merican Female) American Female)	[] AN [] BN [] HM	(Native-American I 4 (Asian-American M 4 (African-American 5 (Hispanic-American 6 (Caucasian Male)	ale) Male)				
Part III: COMMISS	IONER COMMEN'	ſS						

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: _____

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<u>Part I:</u>						
Board Name:	Head Start/Early	Head Start Policy Cour	leil		·	
[X] At La	rge Appointment	or	[] District Ap	pointment		
Term of Appointment:		Years.	From: <u>11/0</u>	3/2009	To:09/26/2011	
Seat Requirement:	Alternative	- South Bay			Seat #:12	Alt
[]*Reappo	intment	or	X] New Appointment			
or [X] to co Completion of term to	omplete the term of expire on:	Chanta Wheeler 09/26/2011		Due to: [X]	Resignation	[] other
Part II: APPLICA	NT, UNLESS EXE	MPTED, MUST BE A C	OUNTY RESIDENT			
Name: Jackson	·		Salicia		L.	<u></u>
		Last		First	Г	/iddle
Occupation/Affiliation		b Tech				
Business Name:	Ur	iversity of Florida				
Business Address:						
City & State	Be	lle Glade		Zip Code:	33430	
Residence Address:		0 NW 6 th Avenue Apt. 1				
City & State	So	uth Bay		Zip Code:	33493	
Home Phone:	<u>(561)</u> N	V/A	Business Phone	e: _() Ext.	
Cell Phone:	(561)9	83-3594	Fax:	· ()		
Email Address:	Saliciajacks	on@yahoo.com	· · · · ·			
Mailing Address pref Minority Identificatio		ess Address [X] Reside	nce			·
[] IF (Native-Am [] AF (Asian-Am [X] BF (African-Ar	erican Female) erican Female) nerican Female) merican Female)	[] AM (A [] BM (A [] HM (H	ative-American Indian Ma sian-American Male) frican-American Male) ispanic-American Male) sucasian Male)	le)		
Part III: COMMISS	IONER COMME	NTS				
Appointment to be mad	ie at BCC Meeting	on:	November 3, 200	9		
*When a person is be Commissioners.	ing considered for	re-appointment, the nu	nber of previous disclose	d voting conflicts	shall be considered by t	he Board of County
Number	of previously disclo	osed voting conflicts durir	g the previous term			
01						
Signature:	<u>. </u>		Date:	,,		
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<u>Part I:</u>

Board Name: <u>Head Start/Early H</u>	ead Start Policy Cou	incil					
[X] At Large Appointment	or	[] District A	ppointment				
Term of Appointment:	Years.	From: <u>11</u>	/03/2009		To: <u>11/0</u>	2/2012	
Seat Requirement:	e - Palm Glades		1		Seat #:	13 – Rep	
[]*Reappointment	or	[X] New Appointment		'			
or [X] to complete the term of Completion of term to expire on:	Diane Scantlebury 09/26/2009	······	Due to:	[X]	resignation	[]	other

Name:	Finney III		Robert		
		Last	F	First	Middle
Occupation/	Affiliation:	Behavioral Intervention Ass	sociate		
Business Na	ime:	Gold Coast Community Sch	aool		·····
Business Ac	ldress:	Palm Beach School District			·····
City & State	;	N/A		Zip Code:	
Residence A	ddress:	416 Palm Glades Drive	······································	_	
City & State	;	Belle Glade		Zip Code:	33430
Homè Phone	2:	(561) 998-9016	Business Phone:		Ext.
Cell Phone:		(561)685-1808	Fax:	<u> () </u>	·····
Email Addre	ess:		,		
Minority Id [] IF () [] AF (, [] BF (, [] HF ()	dress preference entification Cod Native-American Asian-American African-America Hispanic-Americ Caucasian Female	Female)[] IM (NFemale)[] AM (An Female)[X] BM (Aan Female)[X] HM (F	nce iative-American Indian Male) sian-American Male) frican-American Male) Hispanic-American Male) aucasian Male)		· · · · · · · · · · · · · · · · · · ·
<u>Part III:</u> C	OMMISSIONE	R COMMENTS			
Appointmen	t to be made at B	CC Meeting on:	November 3, 2009		
*When a pe Commission	rson is being con ers.	nsidered for re-appointment, the nur	nber of previous disclosed vot	ing conflicts shall be	considered by the Board of County
	Number of prev	iously disclosed voting conflicts durin	ng the previous term		
		·····	Date:		
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<u>Part I:</u>					
Board Name: <u>Head Start</u>	t/Early Head Start Policy Cou	ıncil			
[X] At Large Appoint	nent or	[] District Appoint	ment		
Ferm of Appointment:	Years.	From: <u>11/03/20</u>	09	To: <u>11/02/2</u>	012
eat Requirement: <u>Alte</u>	rnate - Palm Glades			Seat #: <u>13</u>	- Alt
[]*Reappointment	or	[X] New Appointment			
or [X] to complete the to Completion of term to expire on:	erm of Patricia Jacques 09/26/2009	Due	to: [X]	Resignation	[] other
	S EXEMPTED, MUST BE A	COUNTY RESIDENT			
Name: Smith	Last	Brandy	First	Sharel	Middle
Occupation/Affiliation:	N/A				
Business Name:	N/A				
Business Address:	N/A				
City & State	N/A		Zip Code:		·
Residence Address:	416 Palm Glade Drive		_		
City & State	Belle Glade		Zip Code:	33430	
Home Phone:	61) 996-9076	Business Phone:	-	Ext.	
Cell Phone:(50	61)	Fax:	()		
Email Address: <u>Bsmit</u>	h823@yahoo.com	· · · · · · · · · · · · · · · · · · ·			
Mailing Address preference: [] Minority Identification Code:] IF (Native-American Femal] AF (Asian-American Femal X] BF (African-American Femal] HF (Hispanic-American Fem] WF (Caucasian Female)	le) [] IM (1 e) [] AM (4 ale) [] BM (4 nale) [] HM (f	ence Native-American Indian Male) Asian-American Male) African-American Male) Hispanic-American Male) Paucasian Male)			•
art III: COMMISSIONER CO	MMENTS				
ppointment to be made at BCC Me	eeting on:	November 3, 2009			
When a person is being consider commissioners.	ed for re-appointment, the nu		ing conflicts sha	ll be considered b	y the Board of Cou
	uselosca voting conflicts duri	ing the previous term			
ignature:		Date:			

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Revised 6/2007

Date:

<u>Part I:</u>

Board Name: <u>Head Str</u>										
[X] At Large Appoin	ntment	or	[] Distric	t Appointment						
Term of Appointment:		Years.	From:	11/03/2009		To: 11/	02/2012			
Seat Requirement: <u>Re</u>	epresentativ	ve - Delray Beach				Seat #:	14 – Rep			
[]*Reappointment		or	[X] New Appointme	nt				· · ·		
or [X] to complete the Completion of term to expire on:	e term of	Juliet Murdock 09/26/2009		Due to:	[X]	Resignation	[]	other		
Part II. ADDI IC ANTE TIME	~~									
,	SS EXEM	PTED, MUST BE A	COUNTY RESIDENT							
-		PTED, MUST BE A	COUNTY RESIDENT Deborah	First						
				First			Middle			
Name: <u>Wilson</u> Occupation/Affiliation:	La			First			Middle			
Name: Wilson	L: N/A			First			Middle			
Name: <u>Wilson</u> Occupation/Affiliation: Business Name:	La N/A N/A			First			Middle			

Business Address:	N/A				· <u> </u>
City & State	N/A		Zip Code:		
Residence Address:	217 SW 6 th Avenue				<u>-</u>
City & State	Delray Beach		Zip Code:	33444	
Home Phone:	(561) 859-1100	Paral Di			
Cell Phone:	(561)	Business Phone:	_(_)	Ext.	
Email Address:		Fax:	<u>()</u>		

Mailing Address preference: [] Business Address [X] Residence

Minority Identification Co [] IF (Native-America [] AF (Asian-America [X] BF (African-Americ [] HF (Hispanic-Ameri [] WF (Caucasian Fema	in Female) [] IM (Native 1 Female) [] AM (Asian- an Female) [] BM (African can Female) [] BM (African	e-American Indian Male) American Male) n-American Male) sic-American Male) sian Male)	
Part III: COMMISSION	ER COMMENTS		
Appointment to be made at E	SCC Meeting on:	November 3, 2009	
*When a person is being co Commissioners.	nsidered for re-appointment, the number	of previous disclosed voting conflicts	shall be considered by the Board of County
Number of prev	viously disclosed voting conflicts during the	previous term	
Signature:		Date:	
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<u>Part I:</u>								
Board Name: <u>H</u>	ead Start/Early Head	Start Policy Cou	incil				,	
[X] At Large	Appointment	or	[] Distri	ct Appointme	ent			
Term of Appointment:		Years.	From:	11/03/2009		To: <u>11/02/20</u>	012	
Seat Requirement:	Alternate - Delra	y Beach	·····			Seat #: 14	– Alt	
[]*Reappoint	ment	or	[X] New Appointm	ent				
or [X] to com Completion of term to exp	plete the term of Ty pire on: 09	rah Puckett /26/2009		Due to:	[X]	Resignation	[]	other
Part II: APPLICANT	, UNLESS EXEMPTE	D, MUST BE A	COUNTY RESIDEN	Г				
Name: <u>Garcon</u>	Last		Darline	T .			Middle	
	N/A			Firs	SC		Middle	
Occupation/Affiliation:	N/A							
Business Name:	N/A							,<u>-</u>2
Business Address:	N/A				<u></u>			
City & State	N/A				Zip Code:			
Residence Address:	3038 An	ger Drive						
City & State	Delray B	each			Zip Code:	33445		
Home Phone:	(561) 305-660	9	Business	Phone:	_(_)_	Ext.		
Cell Phone:	(561)		Fax:		<u>()</u>			
Email Address:			·					
Mailing Address prefere Minority Identification [] IF (Native-Ameri [] AF (Asian-Ameri [X] BF (African-Ame [] HF (Hispanic-Am [] WF (Caucasian Fe	Code: ican Female) ican Female) rican Female) erican Female)	[] IM () [] AM () [] BM () []HM ()	ence Native-American Indi Asian-American Male African-American Ma Hispanic-American M Caucasian Male)) le)				
Part III: COMMISSIO	NER COMMENTS							
Appointment to be made	at BCC Meeting on:		November	3, 2009				
*When a person is being Commissioners.	considered for re-app	ointment, the n	umber of previous di	sclosed voting	g conflicts sha	ll be considered b	y the Board	l of County
Number of	previously disclosed vo	ting conflicts dur	ing the previous term					
Signature:			Date:					
Pursuant to Florida's Publ and photocopied by memb	ic Records Law, this do pers of the public.	cument may be r	eviewed	Revised 6/20	007			

<u>Part I:</u>								
Board Name: <u>Hea</u>	d Start/Early Hea	d Start Policy Cou	ncil					
[X] At Large A	ppointment	or	[] Dis	trict Appointme	nt			
Ferm of Appointment:		Years.	From:	11/03/2009		To: 1		
Seat Requirement:	Representative -	- Pahokee				Seat #:	15 – Rep	
		· · · · · · · · · · · · · · · · · · ·						
[X]*Reappointm		0 r	[] New Appointr	. .				
or [] to comple Completion of term to expire	te the term of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Due to:	[X]	Resignati	on []	other
<u> Part II:</u> APPLICANT, U	INT ESS EVEMBT	ED MUCT DE A		3.77				
	INLESS EXEMPT	ED, MUSI BE A		NI.				
Name: Jones	Last		Debra	Firs	st		Middle	;
	N/A							
Occupation/Affiliation:								
۵	N/A	· ·····						
Business Name:								
Business Address:	N/A						<u> </u>	· · · · · · · · · · · · · · · · · · ·
Guanicaa Auuress:		٩		•				
City & State	N/A	•			Zip Code:			
					Lip cout.			
	140 Bar	iyan Avenue						
Residence Address:								
City & State	Pahokee	e				3	33476	
					Zip Code:			
Home Phone:	(561)924-92	273	Busine	ess Phone:	()		Ext.	
Cell Phone:	(561)420-11							
	(501)420-11		Fax:		_()			
Email Address:				· · · · · · · · · · · · · · · · · · ·				
						•		
Mailing Address preferenc	e: [] Business A	ddress [X] Resid	ence					
Minority Identification Co	de:							
[] IF (Native-American [] AF (Asian-American	Female)		Native-American In Asian-American Ma					
[X] BF (African-America] HF (Hispanic-Americ		[] BM (A	African-American N Hispanic-American	(ale)				
] WF (Caucasian Fema		[] IM (I	Caucasian Male)	Male)				
Part III: COMMISSION	ER COMMENTS							
Appointment to be made at I	BCC Meeting on:		Novembe	r 3, 2009			_	
*When a person is being co	onsidered for re-ar	pointment, the nu	umber of previous	l. disclosed voting	a conflicts she	all he consid	dored by the D	and of Cours
Commissioners.	-	• ,	Frendas		g connets sin	an be consid	lered by the D	
Number of pre	wiously disaloand .	noting and the t						
	viously disclosed v	oung connets dur	ing the previous ter	m				
Signature:			Date: _					
Pursuant to Florida's Dublia	Penarda I and 41	looum e-t		·.				
Pursuant to Florida's Public and photocopied by members	s of the public.	locument may be re	eviewed	Revised 6/20	007			
,								

<u>Part I:</u>					•		
Board Name: <u>Head Start/Early H</u>	lead Start Policy Co	ouncil				· · · · · · · · · · · · · · · · · · ·	·
[X] At Large Appointment	or	[] District	Appointment				
Term of Appointment:	Years.	From:	1/03/2009	· · · · ·	То:	11/02/2012	
Seat Requirement: Alternate - Pa	ahokee	· · · · · · · · · · · · · · · · · · ·	ý.		Seat #:	15 – Alt	<u> </u>
[]*Reappointment	or	[X] New Appointment	t				
or [X] to complete the term of Completion of term to expire on:	Janice Morgan 09/26/2009		Due to:	[X]	Resignat	ion []	other
			-				

Name:	Osborne		Kenz	ea		
		Last		First	····	Middle
Occupation	Affiliation:	Student (Retired)	-1)		
Business N	lame:	N/A				
Business A	ddress:	N/A				
City & Stat	te	N/a			Zip Code:	
Residence .	Address:	2535 SW 14 th Te	rr			
City & Stat	te	Pahokee			 Zip Code:	33476
Home Phor	ne:	<u>• (561) N/A</u>	Busin	ess Phone:	_(_)	Ext.
Cell Phone:	:	(561) 261-0053	Fax:		()	
Minority I [] IF [] AF [] BF [] HF [] WF	dentification Co (Native-America (Asian-Americar (African-Americ (Hispanic-Ameri (Caucasian Fema	n Female) 1 Female) an Female) can Female)	 [X] Residence [] IM (Native-American I [] AM (Asian-American M [] BM (African-American I [] HM (Hispanic-American I [] WM (Caucasian Male) 	ale) Male)	•	
		BCC Meeting on:		er 3, 2009		
*When a p Commissio	erson is being conners.	onsidered for re-appointme	ent, the number of previous	disclosed voting	conflicts shall be	e considered by the Board of Count
	_ Number of pr	eviously disclosed voting co	nflicts during the previous te	rm		
Signature:_			Date:			
Pursuant to and photoco	Florida's Public opied by member	Records Law, this documents of the public.	t may be reviewed	Revised 6/20	07	

Pa	ar	t	I	:

I dit I.								
Board Name: <u>Head S</u>	tart/Early Head S	Start Policy Cou	ncil					,,,,,,,,
[X] At Large Appo	intment	or	[]D	istrict Appointm	ient			
Term of Appointment:		Years.	From:	11/03/200	9	To: <u>11/02</u>	2010	
Seat Requirement:	Representative -	Westgate		•		Seat #:	6 – Rep	
[X]*Reappointment		or	[] New Appoint	ment				
or [] to complete the Completion of term to expire on	he term of				o: []	Resignation	[]	other
Part II: APPLICANT, UNL	ESS EXEMPTEI), MUST BE A C	COUNTY RESID	ENT				
Name: Hollingworth			Ellen			Ona		
	Last	·	······································	Fi	rst	······	Middle	
Occupation/Affiliation:	Housekee	per/Office Assista	ant					
Business Name:	Shelter Co	prporation /Colon	y Park Apts	·····			·	
Business Address:	8215 Belv	edere Road				<u></u>	······	
City & State	West Paln	n Beach		<u>.</u>	Zip Code:	33411	<u> </u>	
Residence Address:	8205 Belv	edere Road, Apt.	202					
City & State	West Paln	n Beach	· · · · · · · · · · · · · · · · · · ·		Zip Code:	33411		
Home Phone:	(561) 422-803	8	Busin	ess Phone:	- ()	- <u></u> Ex	:t.	
Cell Phone:	(561)255-9152		Fax:		()			
Email Address: <u>H</u>	ollingworth.ellen(<u>Dyahoo.com</u>				·········		
Mailing Address preference:	[] Business Add	ress [X] Reside	ence					
Minority Identification Code:] IF(Native-American Fe] AF(Asian-American Fe[X] BF(African-American Fe] HF(Hispanic-American Female)	male) emale)	[] AM (A [] BM (A [] HM (H	Native-American Isian-American M frican-American Iispanic-American Paucasian Male)	lale) Male)				
Part III: COMMISSIONER	COMMENTS							
Appointment to be made at BCC	C Meeting on:		Novemb	er 3, 2009				
*When a person is being consi Commissioners.	dered for re-app	Dintment, the nu	mber of previou	s disclosed voti	ng conflicts sha	all be considered	l by the Boa	rd of Coun
Number of previo	usly disclosed vot	ing conflicts duri	ng the previous te	rm				
Signature:			Date:		······			
Pursuant to Florida's Public Rec and photocopied by members of	ords Law, this do the public.	cument may be re	wiewed	Revised 6/	2007			

<u>Part I:</u>						
Board Name:	Head Start/Early Hea	d Start Policy Coun	cil		· · · · · · · · · · · · · · · · · · ·	
[X]At I	arge Appointment	or	[] District App	ointment		
Ferm of Appointmen	t:	Years.	From: <u>11/03</u>	/2009	To:11/02/20)12
Seat Requirement:	Alternate - We	estgate	·		_ Seat #: <u>16</u>	-Alt
[]*Reapp	pointment	or [X] New Appointment			
or [X] to Completion of term to		Adriana Monroy 9/26/2009	Į	Due to: [X]	resignation	[] other
	<u> </u>	7/20/2007				
	ANT, UNLESS EXEMPT	ED, MUST BE A CO				
Name: <u>Becerra</u>	aLas	t	Joann	First		Middle
	Office	Manager				
Occupation/Affiliation)n:					
Business Name:	Avila I	awn & Janitorial		· · · · · · · · · · · · · · · · · · ·		
	2006 6	ollins Dr		· · · · · · · · · · · · · · · · · · ·		·····
Business Address:	3090 C	ollins Dr				
	West P	alm Beach			33406	
City & State	· · · ·			Zip Code:		
	213 La	inhart Ct.			······	· · · · · · · · · · · · · · · · · · ·
Residence Address:					•	
City & State	West P	alm Beach			33409	······
ony & State				Zip Code:		
Home Phone:	(561) 847-4	462	Business Phone	· ()	Ext.	
Cell Phone:	_(561)644-4	867	Fax:	()		
Email Address:	Hollingworth.ell	en@yahoo.com				
				· · · ·		
Mailing Address pro	eference: [] Business A	ddress [X] Resider	ICe			
P						
Minority Identificat	tion Code: merican Female)			、		
[] AF (Asian-Ar	merican Female)	[] AM (As	ative-American Indian Mal ian-American Male)	e)		
X]HF (Hispanic	American Female) -American Female)	[] HM (Hi	rican-American Male) spanic-American Male)			
] WF (Caucasia	n Female)	[] WM (Ca	ucasian Male)			
Part III: COMMIS	SSIONER COMMENTS					
Appointment to be m	ade at BCC Meeting on:		November 3, 2009			
When a person is b Commissioners.	eing considered for re-a	ppointment, the nun	ber of previous disclosed	voting conflicts sh	all be considered b	y the Board of Coun
commissioners,						
Numbe	er of previously disclosed	voting conflicts durin	g the previous term			
Signature:			Date:			
			······································			
ursuant to Florida's	Public Records Law, this nembers of the public.	document may be rev	iewed Revis	ed 6/2007		
protocopica by II	isomotion of the public.					

[X] At Large App	ointment	or	[] Dist	rict Appointmer	nt			
Ferm of Appointment:		Years.	From:	11/03/2009		To: <u>11</u>	/02/2011	-
Seat Requirement:	Representative - La	ke Worth				Seat #:	17 – Rep	
[X]*Reappointmer	ıt	or [] New Appointm	ent			.,	
or [] to complete	the term of			Due to:	[]	Resignatior	n []	other
Completion of term to expire of			······	• • • • • • • • • • • • • • • • •	 			
			•					
art II: APPLICANT, UN	LESS EXEMPTED,	MUST BE A CO	OUNTY RESIDE	NT .				
Jame: Colosimo			Erica					
	Last			First	1		Middle	
Occupation/Affiliation:	Unemployed	1						
Accupation/Annation.								
Business Name:	N/A						•	
	 N/A							
Business Address:	19775							
	N/A							
City & State					Zip Code:			
	7061 Penisu	1. 0						•
Residence Address:	7001 Penisu	la Court						
	Lake Worth					33	467	
City & State					Zip Code:			
Iome Phone:	(561)	<u> </u>			<i>.</i>			
Cell Phone:				ss Phone:		····· ,	Ext.	<u>_</u>
	(561) 536-8822	<u> </u>	Fax:		()		······.	
Email Address:								
Mailing Address preference:	[] Business Addre	ss [X] Resider	ice					
Minority Identification Code If (Native-American)	Female)	[] IM (Na	ative-American In	dian Male)				
		[] AM (As [] BM (Af	sian-American Ma rican-American M	le) (ale)				
] AF (Asian-American F] BF (African-American	remaic)							
] AF (Asian-American F] BF (African-American] HF (Hispanic-America	n Female)	[]HM (Hi	spanic-American l	Male)				
] AF(Asian-American F] BF(African-American] HF(Hispanic-America)	n Female)	[] HM (Hi [] WM (Ca	spanic-American l lucasian Male)	Male)				
] AF(Asian-American F] BF(African-American] HF(Hispanic-AmericaX] WF(Caucasian Female	n Female))	[] HM (Hi [] WM (Ca	spanic-American l	Male)				
]AF (Asian-American F]BF (African-American]HF (Hispanic-American X] WF (Caucasian Female Part III: COMMISSIONEI	n Female)) R COMMENTS	[] HM (Hi [] WM (Ca	spanic-American l	Male)				
]AF (Asian-American F]BF (African-American]HF (Hispanic-American X] WF (Caucasian Female Part III: COMMISSIONEI	n Female)) R COMMENTS	[] HM (Hi [] WM (Ca	spanic-American l	• •				
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female X] WF (Caucasian Female Part III: COMMISSIONEI Appointment to be made at BC	n Female)) R COMMENTS CC Meeting on:	[] WM (Ca	spanic-American I ucasian Male) November	3, 2009				
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female 2art III: COMMISSIONER Appointment to be made at BC When a person is being con	n Female)) R COMMENTS CC Meeting on:	[] WM (Ca	spanic-American I ucasian Male) November	3, 2009	; conflicts sha	ll be conside	red by the Boar	d of Co
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female X] WF (Caucasian Female Part III: COMMISSIONER Appointment to be made at BC When a person is being con	n Female)) R COMMENTS CC Meeting on:	[] WM (Ca	spanic-American I ucasian Male) November	3, 2009	conflicts sha	all be conside	red by the Boan	rd of Co
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female 2art III: COMMISSIONER Appointment to be made at BC When a person is being con Commissioners.	n Female)) R COMMENTS CC Meeting on:	[] WM (Ca	spanic-American l lucasian Male) <u>November</u> nber of previous o	3, 2009 lisclosed voting	conflicts sha	III be conside	red by the Boar	rd of Co
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female X] WF (Caucasian Female Part III: COMMISSIONER Appointment to be made at BC When a person is being con Commissioners.	n Female)) R COMMENTS CC Meeting on: sidered for re-appoin	[] WM (Ca	spanic-American l lucasian Male) <u>November</u> nber of previous o	3, 2009 lisclosed voting	conflicts sha	ull be conside	red by the Boar	rd of Co
] AF (Asian-American F] BF (African-American] HF (Hispanic-American [] HF (Caucasian Female [X] WF (Caucasian Female Part III: COMMISSIONEI Appointment to be made at BC When a person is being con Commissioners. Number of previous	n Female)) R COMMENTS C Meeting on: sidered for re-appoint	[] WM (Ca ntment, the nun g conflicts durin	spanic-American l lucasian Male) <u>November</u> nber of previous of g the previous terr	3, 2009 lisclosed voting	conflicts sha	ll be conside	red by the Boar	d of Co
[]AF (Asian-American F []BF (African-American []HF (Hispanic-America [X]WF (Caucasian Female Part III: COMMISSIONEI Appointment to be made at BC When a person is being con Commissioners.	n Female)) R COMMENTS CC Meeting on: sidered for re-appoin	[] WM (Ca ntment, the nun g conflicts durin	spanic-American l lucasian Male) <u>November</u> nber of previous o	3, 2009 lisclosed voting	conflicts sha	ll be conside	red by the Boar	rd of Co
] AF (Asian-American F] BF (African-American] HF (Hispanic-American] HF (Caucasian Female X] WF (Caucasian Female Part III: COMMISSIONER Appointment to be made at BC Commissioners. When a person is being con Commissioners.	n Female)) R COMMENTS CC Meeting on: sidered for re-appoin iously disclosed votin	[] WM (Ca ntment, the nun g conflicts durin	spanic-American I ucasian Male) <u>November</u> nber of previous of g the previous terr Date:	3, 2009 lisclosed voting		all be conside	red by the Boar	rd of Co

.

Part I:									
Board Name: <u>Heac</u>	l Start/Early I	Head Start	Policy Counc	<u>il</u>		······································			
[X] At Large Ar	opointment		or	[] District Appoints	ment			
Term of Appointment:		Y	ears.	From:	11/03/200)9	To: <u>11/02/</u>	2012	·····
Seat Requirement:	Alternate - I	ake Worth					Seat #:1	7 – Alt	
[]*Reappointment	nt	or	[2	X]New Ap	pointment				
or [X] to complet	e the term of	Guirland			Duet	to: [X]	Resignation	[]	other
Completion of term to expire	on:	09/26/20	09				-		
Part II: APPLICANT, U	NLESS EXEM	IPTED, MU	IST BE A CO	UNTY RES	SIDENT				
Name: Ventura	Т	ast		N	felanie	irst		Middle	
		Tech			F	1151		Middle	
Occupation/Affiliation:	inali	Tech							
	Nail	Tech Salon							
Business Name:									
Business Address:	21 E	Boynton Bea	ch Blvd. and l	Military Tr	ail	•			
City & State						Zip Code:			
			<u>.</u>			_			
Residence Address:	519	South M. S	treet	,					
	Lake	e Worth		_ *		· · · · · · · · · · · · · · · · · · ·	33460		
City & State						Zip Code:			
Home Phone:	(561) N/A			B	usiness Phone:	-	Ex	+	
Cell Phone:	(561)209				ax:			<u></u>	
Email Address:	BMwit2kids1			F	ах.				
	DiviwitZKIUST	n@comcast.	inet						
Mailing Address profession			T		· .				
Mailing Address preference	E [] Busines	s Address	[X] Residenc	e					
Minority Identification Cod IF (Native-American)	Female)		[] IM (Nat	ive-Americ	an Indian Male)				
[]AF (Asian-American) []BF (African-American)	n Female)		[] AM (Asia [] BM (Afri	an-America	n Male)				
[] HF (Hispanic-Americ [X] WF (Caucasian Femal	an Female)		[] HM (His] [] WM (Cau	panic-Ame	rican Male)				
	-,			casian iviai	5)				
Part III: COMMISSIONE	R COMMEN	TS	•						
	K COMMEN	15							
Appointment to be made at B	CC Meeting or	n:		Nove	ember 3, 2009				
*When a person is being con	nsidered for re	e-appointm	ent, the numl	ber of prev	ious disclosed vot	ing conflicts sha	all be considered	by the Boar	rd of Count
Commissioners.				•					u or count
Number of prev	viously disclose	ed voting co	onflicts during	the previou	is term .				
Signature:			_	Da	ite:				
Pursuant to Florida's Public R	Records Law, th	nis documer	nt may be revie	ewed	Revised 6	/2007			
and photocopied by members	or me public.								

<u>Part I:</u>

Board Name: <u>Head Start/Ear</u>	ly Head Start Policy C	ouncil	<u></u>		,,		
[X] At Large Appointment	or	[] Dis	trict Appointment				
Term of Appointment:	Years.	From:	11/03/2009		To:11/0	2/2012	
Seat Requirement: Represen	tative – Riviera Beach				_ Seat #:	18 Rep	
[]*Reappointment	or	[X] New Appoint	ment				
or [X] to complete the term of Completion of term to expire on:	of <u>Tawania Nubin</u> 09/26/2009		Due to:	{ X }	Resignation	[]	other

Part II:	ADDI ICANT LINI ESS EVEMPTED MUST DE L'COUNTY DESIDENT
<u>1 al c 11.</u>	APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:	Lubin	5.	Lemita		
	• • •	Last	F	irst	Middle
Occupation/	Affiliation:	N/A			
Business Na	ime:	N/A			
Business Ac	ldress:	N/A			<u></u>
City & State	;	N/A		Zip Code:	
Residence A	ddress:	9106 Ducale Way			
City & State	:	Palm Beach Gardens		Zip Code:	33418
Home Phone	9:	(561) 667-1664	Business Phone:	_(_)	Ext.
Cell Phone:		(561)	Fax:	<u>()</u>	
Email Addre	ess:				
Minority Id [] IF () [] AF () [X] BF () [] HF ()	entification Code Native-American F Asian-American F African-American Hispanic-Americar Caucasian Female)	immale) [] IM cmale) [] AN Female) [] BN remale) [] HM	esidence ((Native-American Indian Male) ((Asian-American Male) ((African-American Male) ((Hispanic-American Male) ((Caucasian Male)		
<u>Part III:</u> C	OMMISSIONER	COMMENTS			
Appointmen	t to be made at BC	C Meeting on:	November 3, 2009		
*When a pe Commissior	rson is being cons ters.	idered for re-appointment, the	e number of previous disclosed voti	ng conflicts shall be	considered by the Board of Count
••_•_•,	Number of previo	ously disclosed voting conflicts	during the previous term		
Signature:			Date:		
Pursuant to F and photocop	florida's Public Re pied by members o	cords Law, this document may b f the public.	be reviewed Revised 6/	2007	

P	'a	r	t	I	:	
_	-	-		_	_	

Board Name:	Head Start/Early H	lead Start Policy Co	uncil					·
[X] At	Large Appointment	or	[] Dis	strict Appointment				
Term of Appointme	nt:	Years.	From:	11/03/2009			2/2012	
Seat Requirement:	Alternate - R	liviera Beach				_ Seat #: _	18 – Alt	
[]*Reap	opointment	or	[X] New Appoint	tment				
or [X] to Completion of term	o complete the term of to expire on:	Mary De Younks 09/26/2009		Due to:	[X]	Resignation	[]	other

<u>Part II:</u>	APPLICANT,	UNLESS EXEMPTED,	MUST BE A	COUNTY RESIDENT
-----------------	------------	------------------	-----------	------------------------

Name:	Thomas		Barbara		
		Last	F	irst	Middle
Occupation	/Affiliation:	N/A			
Business Na	ame:	N/A	· · ·		
Business Ac	ddress:	N/A			
City & State	e	N/a	· · · · · · · · · · · · · · · · · · ·	Zip Code:	· · · · · · · · · · · · · · · · · · ·
Residence A	Address:	1641 W. 34 th		_	· · · · · · · · · · · · · · · · · · ·
City & State	e	Riviera Beach		Zip Code:	33404
Home Phon	e:	(561) 845-7957	Business Phone:	<u>()</u>	Ext.
Cell Phone:		(561) 809-1691	Fax:	()	
Email Addr	ess:		· · · · · · · · · · · · · · · · · · ·		
[] IF ([] AF ([X] BF ([] HF (lentification Cod Native-American Asian-American African-America Hispanic-Americ Caucasian Femal	Female)[]Image: Image of the state[]All[]All[]Bl[]An Female)[]HN	 M (Native-American Indian Male) M (Asian-American Male) M (African-American Male) M (Hispanic-American Male) M (Caucasian Male) 	· ·	
<u>Part III:</u> C	COMMISSIONE	R COMMENTS			
Appointmen	it to be made at B	CC Meeting on:	November 3, 2009		
*When a pe Commission	erson is being con ners.	nsidered for re-appointment, th	e number of previous disclosed voti	ng conflicts shall be	e considered by the Board of Coun
	Number of prev	viously disclosed voting conflicts	during the previous term		
Signature:			Date:		
Pursuant to l and photoco	Florida's Public F pied by members	Records Law, this document may of the public.	be reviewed Revised 6/	2007	

<u>Part I:</u>

Board Name:	Head Start/Early I	<u>Iead Start Policy C</u>	ouncil			······································	·····••••	
[X] At L	arge Appointment	or	[] Dis	strict Appointment				
Term of Appointment	t:	Years.	From:	11/03/2009		To:11/02/2	012	
Seat Requirement:	Representati	ve - West Palm Bea	ich	y	<u> </u>	Seat #:19) – Rep	
[]*Reapp	ointment	or	[X] New Appoint	tment				
or [X] to o Completion of term to	complete the term of o expire on:	Lorraine Hunt 09/26/2009		Due to:	[X]	Resignation	[]	other

<u>Part II:</u>	APPLICANT,	UNLESS EXEMPTED,	MUST BE A	COUNTY RESIDENT

lame:	Sherrod		Ivory	· · · · · · · · · · · · · · · · · · ·	
		Last	I	First	Middle
ccupation/Af	filiation:	N/A			
susiness Name		N/A	-		
usiness Addro	ess:	N/A			-
ity & State		N/A	· · · · · · · · · · · · · · · · · · ·	Zip Code:	
esidence Add	ress:	4532 Emerald Vista Apt.	I-285	_	
ity & State		Lake Worth		Zip Code:	33461
lome Phone:	(561) 429-6915	Business Phone:		Ext.
ell Phone:	(561)	Fax:	_(_)	
mail Address:					
				,	
] IF (Nat] AF (Asi K] BF (Afr] HF (His	tification Code: tive-American Female) an-American Female) ican-American Female panic-American Femal ucasian Female)	[] AM (/) [] BM (/ e) [] HM (I	Native-American Indian Male) Asian-American Male) African-American Male) Hispanic-American Male) Caucasian Male)		
a <u>rt III:</u> COM	MMISSIONER COM	MENTS			
ppointment to	be made at BCC Meet	ing on:	November 3, 2009		
When a perso ommissioner	n is being considered s.	for re-appointment, the nu	umber of previous disclosed vot	ing conflicts shall be	considered by the Board of Cou
N	lumber of previously di	sclosed voting conflicts dur	ing the previous term		
gnature:			Date:		
rsuant to Flor	ida's Public Records L	aw, this document may be re			
d photocopied	d by members of the pu	blic.	eviewed Revised 6	/2007	

<u>Part I:</u>

Board Name: <u>Head Start/Early H</u>	<u>lead Start Policy Co</u>	uncil					
[X] At Large Appointment	or	[] Distri	ct Appointment				
Term of Appointment:	Years.	From:	11/03/2009		To:11/0)2/2012	
Seat Requirement: Alternate - V	Vest Palm Beach	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_ Seat #:	<u> 19 – Alt</u>	
[]*Reappointment	or	[X] New Appointm	ent				
or [X] to complete the term of Completion of term to expire on:	Karen Hill-Simpson 09/26/2009	n	Due to:	[X]	resignation	[]	other

Name:	McDonald		Amy	-	·
		Last]	First	Middle
Occupation	/Affiliation:	N/A			
Business N	ame:	N/A			······
Business A	ddress:	N/A			
City & Stat	e	N/a		Zip Code:	
Residence A	Address:	1008 Abraham Avenue	·····	· · · · · · · · · · · · · · · · ·	
City & Stat	e	West Palm Beach		Zip Code:	33401
Home Phon	le: _(561) 294-4447	Business Phone:		Ext.
Cell Phone:		561)	Fax:	_()	
[] IF ([] AF ([X] BF ([] HF ([] WF (dentification Code: Native-American Fem Asian-American Fem African-American Fer Hispanic-American Fo Caucasian Female)	ale) [] AM (Asiar nale) [] BM (Afric emale) [] HM (Hispa [] WM (Cauca	re-American Indian Male) I-American Male) an-American Male) unic-American Male) asian Male)		
Appointmer	nt to be made at BCC N	Meeting on:	November 3, 2009		· · · · · ·
*When a po Commissio		ered for re-appointment, the number		ing conflicts shall be	considered by the Board of Count
Signature: Pursuant to 1	Florida's Public Recor	ds Law this document may be review	Date:		
and photoco	pied by members of th	e public.	Kovisci (1 2 4 4 7	

<u>Part I:</u>

Board Name: <u>Head Start/Early H</u>	ead Start Policy Cou	ncil	····			••••••••••••••••••••••••••••••••••••••	
[X] At Large Appointment	or	[] Dis	trict Appointment				
Term of Appointment:	Years.	From: <u>11/03/2009</u>		To: <u>11/02/2012</u>			
Seat Requirement: Representativ	e – Union Baptist Hea	id Start	,,,	· · · · · ·	Seat #:	20 – Rep	
[]*Reappointment	or	[X] New Appoint	ment				
or [X] to complete the term of Completion of term to expire on:	Rosemene Gedeon 09/26/2009		Due to:	[X]	resignation	[]	other

Name:	Daniels		Rosenie			
		Last		First	Middl	e
Occupation	/Affiliation:	Publix Supermarket				
Business N	ame:	N/A				
Business A	ddress:	N/A				<u> </u>
City & Stat	e	N/a		Zip Code:		
Residence A	Address:	423 Silver Beach Road	·····			
City & Stat	e	Lake Paark		Zip Code:	33403	
Home Phon		(561) N/A	Business Phone:		Ext.	
Cell Phone:		(561)909-8947	Fax:	_()		
[] IF ([] AF ([X] BF ([] HF ([] WF (lentification Code: Native-American Fen Asian-American Fen African-American Fe Hispanic-American F Caucasian Female)	nale) [] AM (Asia emale) [] BM (Afri ² emale) [] HM (Hisp [] WM (Cau	ive-American Indian Male) ın-American Male) can-American Male) panic-American Male) casian Male)	· ·		
Appointmer	at to be made at BCC	Meeting on:	November 3, 2009			
*When a pe Commission	erson is being consid ners.	ered for re-appointment, the numb	per of previous disclosed vot	ing conflicts shall be	considered by the Be	oard of County
	Number of previou	sly disclosed voting conflicts during	the previous term			
Signature:	·····		Date:			
Pursuant to I		rds Law this document may be revie		/2007		
				r r		

Pa	rt	1:

raru:								
Board Name:	Head Start/Early	Head Start Policy C	ouncil			······································		
[X] AI	t Large Appointment	or	[] Di	strict Appointmen	t			
Term of Appointment:		Years.	From:	11/03/2009		To: <u>11/02</u>	/2012	
Seat Requirement:	Alternate -	Union Baptist Head S	Start			Seat #:	20 – Alt	
[]*Rea	ppointment	or	[X] New Appoin	tment				
or [X] t Completion of term	o complete the term of a to expire on:	Lerelia Lubin 09/26/2009		Due to:	[X]	Resignation	[]	other
<u>Part II: APPLI</u>	CANT, UNLESS EXE	MPTED, MUST BE 2	4 COUNTY RESIDE	ENT				
Name: Dom	inique	Last	Bulair	ne First			Middle	
Occupation/Affiliat	N/2	A						
Business Name:	N/.	A				<u></u>		
Business Address:	N/.	Ą		· · ·				
City & State	N/2	1		2	Zip Code:			
Residence Address) Bayberry Drive		•				
City & State	La	ke Park		2	Zip Code:	33403	3	
Home Phone:	_(561) 8	44-5534	Busin	ess Phone:	. ()	E		
Cell Phone:	(561)N	/A	Fax:		()			
Email Address:					<u>·</u>			
Mailing Address p	oreference: [] Busine	ss Address [X] Res	sidence					
Minority Identification Code:[] IF(Native-American Female)[] AF(Asian-American Female)[X] BF(African-American Female)[] HF(Hispanic-American Female)[] WF(Caucasian Female)		[] AM [] BM []HM	(Native-American II (Asian-American M (African-American I (Hispanic-American (Caucasian Male)	ale) Male)				
<u>Part III:</u> COMM	ISSIONER COMME	NTS						
Appointment to be	made at BCC Meeting	on:	Novembo	er 3, 2009				
*When a person is Commissioners.	s being considered for	re-appointment, the	number of previous	disclosed voting	conflicts sha	ll be considered	l by the Boa	rd of Count
Num	ber of previously disclo	sed voting conflicts d	uring the previous te	m				

Signature:_ Date: _ Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

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<u>Part I:</u>

Board Name: <u>Head Start/Earl</u>	y Head Start Policy C	ouncil	·····		<u> </u>	·····	· · · · · · · ·
[X] At Large Appointment	or	[] Dis	strict Appointment				
Term of Appointment:	Years.	From:	11/03/2009		To: 09/26/2	2011	
Seat Requirement:	ative - EHS Delray	····		<u> </u>	Seat #:2	1 Rep	<u>, , , , , , , , , , , , , , , , , , , </u>
[X]*Reappointment	or	[] New Appoint	ment				
or [] to complete the term of Completion of term to expire on:	f		Due to:	[]	Resignation	[]	other

Name:	Talegrand	Theoluna				
		Last			irst	Middle
Occupation	n/Affiliation:	N/A		•		
Business N	Name:	N/A				
Business A	Address:	N/A				
City & Sta	ite	N/a			Zip Code:	
Residence	Address:	Building #	21 Southern Cross C	Circle apt # 206	-	
City & Sta	ite	Boynton B	each		Zip Code:	33436
Home Pho	one:	(561) 860-4377		Business Phone:	_(_)	Ext.
Cell Phone	e:	(561) 860-4377		Fax:	(_)	
Email Add	Iress:					
	ddress preference: Identification Code (Native-American F (Asian-American F (African-American (Hispanic-American (Caucasian Female)	:: Female) emale) Female) n Female)	[] AM (Asiar [] BM (Afric	re-American Indian Male) I-American Male) an-American Male) Mic-American Male)		
<u>Part III:</u>	COMMISSIONER	COMMENTS				
Appointme	ent to be made at BC	C Meeting on:		November 3, 2009		
*When a p Commission	person is being cons oners.	sidered for re-appo	intment, the numbe	er of previous disclosed voti	ng conflicts shall be	considered by the Board of County
	Number of previ	ously disclosed voti	ng conflicts during t	ne previous term		
Signature:_				Date:		
Pursuant to and photoc	Florida's Public Re opied by members o	cords Law, this doc of the public.	ument may be review	ved Revised 6/	/2007	
		•				

<u>Part I:</u>

Board Name: <u>Head Start/Early Head</u>	ead Start Policy C	Council					·
[X] At Large Appointment	or	[] District A	Appointment				
Term of Appointment:	Years.	From: <u>1</u>	1/03/2009		To: <u>11/02/2012</u>		
Seat Requirement: Alternate - El	HS Delray				Seat #:	21 – Alt	
[]*Reappointment	or	[X] New Appointment					
or [] to complete the term of Completion of term to expire on:			Due to:	[]	resignation	[]	other

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:		
Minority Identification C [] IF (Native-Americ [] AF (Asian-America [X] BF (African-Americ [] HF (Hispanic-Ameri [] WF (Caucasian Fem	an Female)[] IM (PIn Female)[] AM (Acan Female)[] BM (Arican Female)[] HM (F	Vative-American Indian Male) sian-American Male) frican-American Male) lispanic-American Male) aucasian Male)		
Part III: COMMISSION	IER COMMENTS			
Appointment to be made at	BCC Meeting on:	November 3, 2009		
*When a person is being o Commissioners.	considered for re-appointment, the nu	mber of previous disclosed vo	ting conflicts shall be	considered by the Board of Coun
Number of p	reviously disclosed voting conflicts duri	ng the previous term		
ignature:		Date:`		
Pursuant to Florida's Public and photocopied by membe	e Records Law, this document may be re rs of the public.	viewed Revised 6	5/2007	

<u>Part I:</u>

Board Name: <u>H</u>	lead Start/Early He	ad Start Policy C	ouncil	k				
[X]At Large	Appointment	or	[] District	Appointment			.*	
Term of Appointment:	·····,	Years.	From:	11/03/2009		To:	/02/2012	
Seat Requirement:	Representative	- Family Day (Care Operator			_ Seat #:	<u>23 – Rep</u>	· · · · · · · · · · · · · · · · · · ·
[]*Reappoint	ment	or	[X] New Appointmen	t ^j				
or [] to comp Completion of term to exit	plete the term of			Due to:	[].	Resignation	n []	other

Name:	Lopez	Nancy				
		Last	· .	First	Middle	
Occupatio	on/Affiliation:	N/A		, ,		
Business I	Name:	N/A				
Business 7	Address:	N/A				
City & Sta	ate	N/A		Zip Code:	33407	
Residence	Address:	1140 NE 20 th Street				
City & Sta	ate	Belle Glade		Zip Code:	33430	
Home Pho	one:	(561) 996-7712	Business Phone:		Ext.	
Cell Phone	e:	(561)	Fax:			
Email Add	iress:	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Identification Co (Native-American (Asian-American (African-Americ (Hispanic-Ameri (Caucasian Fema	n Female) [] IM Female) [] AM an Female) [] BM can Female) [] HM	(Native-American Indian Male) (Asian-American Male) (African-American Male) (Hispanic-American Male) (Caucasian Male)			
<u>Part III:</u>	COMMISSION	ER COMMENTS			ð	
Appointme	ent to be made at H	SCC Meeting on:	November 3, 2009			
*When a j Commissi				ting conflicts shall be	e considered by the Board of Count	
	Number of pre	viously disclosed voting conflicts d	uring the previous term			
Signature:	·		Date:			
Pursuant to and photoc		Records Law, this document may be				

<u>Part I:</u>

Board Name: <u>He</u>	ad Start/Early Hea	nd Start Policy Coun	<u>cil</u>				• •	·
[X] At Large	Appointment	or	[] Distri	ct Appointment				
Term of Appointment:	<u> </u>	Years.	From:	11/03/2009		To:11/(02/2012	·····
Seat Requirement:	Representative	- EHS Home Based		•		_ Seat #:	24 – Rep	
[]*Reappointm	nent	or [X] New Appointm	ent				
or [] to compl Completion of term to expi	ete the term of			Due to:	[]	Resignation	[]	other

Name:	Bivins		Sakina		
	· · ·	Last	Fi	rst	Middle
Occupation/A	ffiliation:	N/A			
Business Nam	e:	N/A	· · · · · · · · · · · · · · · · · · ·		
Business Add	ess:	N/A	· ·		
City & State		N/a		Zip Code:	
Residence Add	dress:	226 W. 24 th Street			
City & State		Riviera Beach		Zip Code:	33404
Home Phone:	(56)	1) 541-2643	Business Phone:	()	Ext.
Cell Phone:	(561) N/A	Fax:		
Email Address					
Minority Iden [] IF (Na [] AF (As [X] BF (Af [] HF (Hi	ess preference: [] B diffication Code: ntive-American Female isian-American Female rican-American Female spanic-American Fema ucasian Female)	[] AM (A e) [] BM (A le) [] HM (F	ence Native-American Indian Male) Asian-American Male) African-American Male) Hispanic-American Male) Caucasian Male)		
<u>Part'III:</u> CO	MMISSIONER COM	IMENTS			
Appointment to	o be made at BCC Mee	ting on:	November 3, 2009		
*When a pers Commissioner	on is being considered rs.	for re-appointment, the nu	mber of previous disclosed votin	g conflicts shall be o	considered by the Board of County
1	Number of previously d	lisclosed voting conflicts duri	ng the previous term		
Signature:			Date:		
Pursuant to Flo and photocopie	rida's Public Records I d by members of the p	aw, this document may be reublic.	eviewed Revised 6/2	2007	

<u>Part I:</u>

Board Name:	<u>Head Start/Early Hea</u>	d Start Policy C	ouncil				<u></u>	
[X] At	Large Appointment	or	[] Distri	ct Appointment				
Term of Appointme	ent:	Years.	From:	11/03/2009		To:/	/02/2012	
Seat Requirement:	Alternate - EHS	Home Based	· · · · · · · · · · · · · · · · · · ·			Seat #:	24 – Alt	·····
[]*Rea	ppointment	or	[X] New Appointm	ent				
or [] to Completion of term	to expire on:			Due to:	[]	Resignatior	ı []	other
<u>Part II: APPLIC</u>	CANT, UNLESS EXEMPT	ED, MUST BE /	4 COUNTY RESIDEN	Г				

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 2 nd 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 [X] 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: ____

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Revised 6/2007

<u>Part I:</u>

Board Name: <u>Head St</u>	art/Early H	ead Start Policy Cou	ncil					
[X] At Large Appoi	intment	or	[] Di:	strict Appointment				
Term of Appointment:		Years.	From:	11/03/2009		To:11/02	2/2012	
Seat Requirement: R	epresentativ	e - A Step Above				_ Seat #: _	27 – Rep	
[]*Reappointment		or	[X] New Appoin	tment				
or [X] to complete th Completion of term to expire on		Anne Vildania Lucc 09/26/2009	e	Due to:	[X]	Resignation	[]	other

Name:	Marques	Madacee						
		Last	H	First	Middle			
		N/A						
Occupation	n/Affiliation:							
		N/A			<u></u>			
Business N	lame:							
		N/A						
Business A	ddress:	· · · · · ·						
•		N/a			,,,,,,,,,,,			
City & Star	te			Zip Code:				
Residence	Addresses	2 Southern Cross La	ne # 201					
Residence	Aduress:							
0.4. 8 04.		Boynton Beach			33436			
City & Stat	te			Zip Code:				
II. D								
Home Pho	ne:	(561) N/A	Business Phone:	_(_)	Ext.			
Cell Phone	:	(561) 506-6116	Fax:	_(_)				
Email Add	ress:							
[] IF []AF [X]BF []HF	dentification Cod (Native-American (Asian-American (African-America (Hispanic-Americ (Caucasian Femal	Female) [] Female) [] n Female) [] an Female) []	IM (Native-American Indian Male) AM (Asian-American Male) BM (African-American Male) HM (Hispanic-American Male) WM (Caucasian Male)					
<u>Part III:</u> (COMMISSIONE	R COMMENTS						
Appointme	nt to be made at B	CC Meeting on	No					
		mooring Uit.	November 3, 2009					
*When a p Commissio	person is being con oners.	nsidered for re-appointment,	the number of previous disclosed vot	ting conflicts shall be	considered by the Board of Count			
	Number of prev	viously displaced water	An Automatica di					
·······	_ realiser of prev	viously disclosed voting conflic	tts during the previous term					
Signature:	·		Date:					
		ecords Law, this document ma			99 K			
and photoco	opied by members	of the public.	y be reviewed Revised 6	0/2007				

Board Name: <u>Head S</u>	<u>tart/Early H</u>	lead Start Policy Co	uncil					
[X] At Large Appo		or	* ** *** **** ************************	Appointment				
Ferm of Appointment:		Years.		1/03/2009	To:	11/02/20	12	
	Alternate - A	Step Above			Seat #		– Alt	
[]*Reappointment		or	[X] New Appointment			·	,	
	ha tauna af		[X] New Appointment		Desta	4	r 1	
or [X] to complete t Completion of term to expire or		Hudson Lafaille 09/26/2009		_ Due to: [X]	Resign	nation	[]	other
art II: APPLICANT, UNI	ESS EXEM	PTED, MUST BE A	COUNTY RESIDENT					
Jame: Lucce			Nanne	·		<u>S.</u>		
	Ţ.	ast		First			Middle	
Occupation/Affiliation:	N/A							
	N/A		·					
Business Name:	14/21							
	N/A							
Business Address:				•				
City & State	N/a			Zip Code:	····			
	<u> </u>							
Residence Address:	1 So	uthern Cross Lane # 2	206					
Residence Address:								
City & State	Boyr	nton Beach		Zip Code:		33436	<u> </u>	
Iome Phone:	(561) N/A	<u>\</u>	Business Ph	one: _()	1	Ext.		
Cell Phone:	(561) 452	2-2873	Fax:	_(_)				
Email Address:		·						
·			·	• .	- .			
Mailing Address preference:	Business	Address [X] Resid	lence					
Minority Identification Code:								
] IF (Native-American Fe] AF (Asian-American Fe	emale)	[] IM (Native-American Indian	Male)				•
X]BF (African-American I	emale)	[] BM (.	Asian-American Male) African-American Male)					
] HF (Hispanic-American] WF (Caucasian Female)	Female)	[] HM () [] WM ()	Hispanic-American Male Caucasian Male))				
			,					
art III: COMMISSIONER	COMMENT	гs						
	Masting	1:	November 3, 2	009				
appointment to be made at BCC	. Meeting on							
Appointment to be made at BCC	. Meeting on							
	-	-appointment the p	umber of provious disal	and wating any finter				
When a person is being consi	-	-appointment, the n	umber of previous discle	sed voting conflicts s	hall be co	nsidered b	y the Boar	d of Cour
When a person is being consi	-	-appointment, the n	umber of previous discle	sed voting conflicts s	hall be co	nsidered b	y the Boar	d of Cour
When a person is being consi Commissioners.	dered for re		umber of previous discle ring the previous term	sed voting conflicts s	hall be con	nsidered b	y the Boar	d of Cour
When a person is being consi Commissioners.	dered for re			sed voting conflicts s	hall be con	nsidered b	y the Boar	d of Cour
	dered for re	d voting conflicts dur	ring the previous term	sed voting conflicts s	hall be con	nsidered b	y the Boar	d of Cour
When a person is being consi Commissioners. Number of previo	dered for re	d voting conflicts dur	ring the previous term Date:	used voting conflicts s	hall be con	nsidered b	y the Boar	d of Cour

Part l	:
_	-

Board Name: <u>Head Start/I</u>	Early Head Start Policy Co	ouncil				
[X] At Large Appointme	ent or	[] Distr	ct Appointment			
Term of Appointment:	Years.	From:	11/03/2009	To:11/02	2/2012	
Seat Requirement: Repre	sentative - Emmanuel			Seat #:	<u>28 – Rep</u>	
[]*Reappointment	or	[X] New Appointm	ent			
or [] to complete the ter Completion of term to expire on:	m of		Due to: []	Resignation	[]	other
Part II: APPLICANT, UNLESS	EXEMPTED, MUST BE A	COUNTY RESIDEN	Г			
Name: Cromer	-	Mikeria				
	Last		First		Middle	
Occupation/Affiliation:	Youth Center Worker					
Business Name:	N/A					<u></u>
Business Address:	N/A					
City & State	N/a		Zip Code:	<u></u>	. <u>.</u>	.

Residence Address:					
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 [X] Residence

5030 Palm Hill Drive

Minority Identification Code:[] IF(Native-American Female)[] AF(Asian-American Female)[X] BF(African-American Female)[] HF(Hispanic-American Female)[] WF(Caucasian Female)	 IM (Native-American Indian Male) AM (Asian-American Male) BM (African-American Male) HM (Hispanic-American Male) 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:

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<u>Part I:</u>						
Board Name: <u>Head Start/Early F</u>	ead Start Policy Co	uncil				
[X] At Large Appointment	or	[] District Appoint	ment			
Term of Appointment:	Years.	From: <u>11/03/20</u>	09	To:	2012	
Seat Requirement: Alternate - 1	Emmanuel			Seat #:	<u>8 – Alt</u>	
[]*Reappointment	or	[X] New Appointment				
or [X] to complete the term of Completion of term to expire on:	Tiffany Hodges 09/26/2009	Due	to: [X]	Resignation	[]	other

<u>Part II:</u>	APPLICANT,	UNLESS EXEMPTED,	MUST BE A	COUNTY RESIDENT
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City & State	e	Palm Beach Garden	S	Zip Code:	33410
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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. <u>Repeal and Replacement</u>

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.

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C.

<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.

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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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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>

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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;

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

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.

K.

J.

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

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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.

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;

Perform other functions as the Council may assign by rule or order
 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	A vo
JEFF KOONS	Ауе Ауе
WARREN H. NEWELL	Aye
MARY McCARTY	Aye
BURT AARONSON	Ауе

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

day of September, 2006.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By:

Assistant County Attorney

PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK & COMPTROLLER

h

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 ead 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

SpecificsBoardComp_Members.rpt

V. FUNC .IS :

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 ensuing 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 B	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 Badiovision 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 L	میں. AT Large			مېرىنە	· .		
4	Diane Walker PBSO P O Box 312 Pahokee FL 33476	Member	AĄ	561-996-1670	Community Rep.	02/27/2007	03/27/2010
	NOMINATED BY :		•				
	Rosanna Zamora Kaiser Group & Associates P O Box 802 Belle Glade FL 33430	Member	AA	<u> </u>	Community Rep.	02/27/2007	03/27/2010
	NOMINATED BY :						
i Auc	Cynthia Smith	Member	AA	561-844-0457	Community Rep.	08/15/2006	09/26/2009
	944 30th Ct West Palm Beach FL 33407						
	NOMINATED BY :				· · · · · · · · · · · · · · · · · · ·		
7	Maxine Schoolfield N/A P O Box 110 Pahokee FL 33476	Member	AA	-	Community Rep.	02/27/2007	03/27/2010
	NOMINATED BY :						

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	Y AT Large			· · · · · · · · · · · · · · · · · · ·		00/17/0000	
V 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 :						

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

NOMINATED BY :

11	Gertha Fleurimont-Saint Louis 3630 Florida Blvd Palm Beach Gardens FL	Alternate M	AA	-	Parent Representative Jupiter	11/18/2008	09/26/2009 N 2
	33410 NOMINATED BY :						and an
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
	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 1/26 2011

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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				Glades		
	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				Беасл		
	NOMINATED BY :						

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	14	Tyrah Puckett	Alternate M	ĄĄ	561-455-4885	Parent Representative Delray Beach	11/18/2008	09/26/2009
		513 SW 10th St Delray Beach FL 33444	-					
		Dellay Deach FL 35444						
		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	11/18/2008	09/26/2009
		8205 Belvedere Rd Apt 202 West Palm Beach FL 33411				Westgate		
		NOMINATED BY :						

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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					· · · · · ·	
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	NOMINATED BY :						
Ą 17	Nixon Marc	Alternate M	AA	-	Parent Representative Lake Worth	11/18/2008	09/26/2011
Ł	985 Manor Dr Apt 22 Palm Springs FL 33461						
	NOMINATED BY :		,				

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18	Tawania Nubin	Member	AA	561-844-7449	Parent Representative Riviera	11/18/2008	09/26/2009
	1588 W 35th St Palm Springs FL 33404				Beach		
	NOMINATED BY :						
18	Mary DeYounks	Alternate M	AA	561-840-9386	Parent Representative Riviera Beach	11/18/2008	09/26/2009
	1141 W 26th Ct Riviera Beach FL 33404						
	NOMINATED BY :						
19	Loraine Hunt	Member	AA	561-842-3375	Parent Representative W. Palm Beach	11/18/2008	09/26/2009
	4032 Rocks Point Pl West Palm Beach FL 33401		-su *				
	NOMINATED BY :						
19	Karen Hill-Simpson	Alternate M	AA	561-655-2958	Parent Representative W. Palm Beach	11/18/2008	09/26/2009
	1306 N Mangonia Dr West Palm Beach FL 33401						
	NOMINATED BY :						

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	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	N 0	
						Seals		
		FL						
		NOMINATED BY :						

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23	Vacant	Member	UN	-	Family Day Care Operator

FL

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24	Vacant	Member	UN	-	Early Head Start Home Based
	FL				

NOMINATED BY

25 Vacant Member UN – Apostolic Cage

FL .

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26 Vacant Member UN – Apostolic Child Devel

Apostolic Child Development Center

NOMINATED BY :

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	27	Anne Vildania Lucce	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 :						

Appoint	ed by : AT Lar	ae						
28			Alternate M	AA	561-985-4943	Emmanuel Child Development Center	05/05/2009	09/26/2009
	1203 Bei West Pali 33411	noist Farms Rd Apt 2 m Beach FL						
		NOMINATED BY :						
29	Jevette P	adgett	Member	AA	-	Kings Kids	11/18/2008	09/26/2009
	5865 N H West Pali 33407	averhill Rd Apt 3902 m Beach FL						
		NOMINATED BY :						
30	Vacant		Member	UN	-	My First Steps		
	FL							
		NOMINATED BY :						
31	Vacant		Member	UN	-	San Castle Early Head Start		
	FL					•		
		NOMINATED BY :						

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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	11
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NOMINATED BY :