Agenda Item #:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS BOARD APPOINTMENT SUMMARY

Meeting Date: August 15, 2006

Department:_

Community Services

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

I. EXECUTIVE BRIEF

Motion and Title: 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 Board Appointment Information Form, effective August 15, 2006.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER (R) = Representative (A) = Alternate

Seat ID #Boynton Beach

10

Tracy Saunders (R) Torlande Saintizaire (A) Blanca L. Mendoza (A)

Seat ID #South Bay

12 Virginia Powell (R) Jarquette Cumberbatch (A) Sylvia Treto (A)

Seat ID #DelrayBeach14Nykia Taylor (R)

Seat ID #Westgate16Shaketa Brown (R)Felisha Knight (A)

Seat ID #Riviera Beach18Kenneth Higgins (R)Tieya Kingdom (A)Shu'Karrie Washington (A)

Seat ID #Union Baptist20Bondretta Davis (R)
Fradley Joseph (A)

Seat ID #Easter Seals22Sumya Abbas (R)
Nadine Burke (A)

Seat ID #Home Base, EHS24Lakesha Howard (R)

 Seat ID #Jupiter

 11
 Silvia Nava (R)

 Carlos Nava (A)
 Roseline Dominique (A)

Seat ID #Palm Glades13Jessica Ramirez (R)Roscio Ortega (A)

Seat ID #Pahokee15Brenda Walker (R)Snowie Austin (A)

Seat ID #Lake Worth 17 Jennifer Digelio (R) Andrea Poitier (A) Lucia Abrego (A)

Seat ID #West Palm Beach19Norlaie Nunez (R)Claudia M. Johnson (A)

Seat ID #Delray Beach EHS21Nadleen Seraphin (R)

Seat ID #Family Day Care, EHS23Mervin Carey (R)

Summary: The term of appointment for parent representatives and alternates to the Head Start Policy Council is three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the Head Start program. The Head Start Policy Council approved the nominations at its June 28, 2006 meeting. (Head Start) <u>Countywide</u> (TKF)

Background and Justification: Resolution Number R2000-1866, dated 11/21/00, the Board has repealed and replaced Resolution Number R-92-444, due to the growth of the program and to incorporate the Early Head Start Program.

Attachments:

1. Board Appointment Information Forms

Recommended by:	Alund Ilai	7-25-2006
	Department Director	Date
	1 02	91-06

Legal Sufficiency: _

Assistant County Attorney

-1 $\mathcal{O}\mathcal{O}$ O' Date

II. <u>REVIEW COMMENTS</u>

A. Other Department Review:

Department Director

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

REVISED 010/02

<u>rart 1:</u>					
Board Name:	Head Start I	Policy Council			
[X] At Large Appointment	or	[] Distric	ct Appointment		
Term of Appointment: <u>3</u> year	s. From	08 / 15 / 06	To	9 / 30 / 09	
Seat Requirement: Represen	<u>tative - Boyr</u>	nton Beach		Seat	#10
[]**Reappointment	or	[X] New	Appointment		
or [] to complete the term of due to: []resignation	[]othe	PT		· 	
completion of term to expire on:					
Part II: APPLICANT, UNLESS E	XEMPTED, M	UST BE A COUNT	Y RESIDENT		
Name: Tr	acy Saunders				<u></u>
0 / (A (***)					
Occupation/Affiliation: Un		· .		1	<u> </u>
Business Name: NA				· · · · · · · · · · · · · · · · · · ·	
City & State:	4	· · · · · · · · · · · · · · · · · · ·		_ Zip Code:	N/A
Residence Address: 401	SE 23 rd Aven	ue	· · · · · · · · · · · · · · · · · · ·		
City & State: Boy	nton Beach, F	<u>[</u>		Zip Code:	33435
Home Phone: (561	214 - 0127		Business	s Phone: N	/A
Mailing Address preference: [] Bu	siness Address	[X] Residence Of	her or [] other:		
Same as above		······			
Minority Identification Code:				·	· · · · · · · · · · · · · · · · · · ·
 []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]IM []AM []BM []HM []WM	(Black Male)	Male)		
Part III: COMMISSIONER COM	IMENTS				
Appointment to be made at BCC Me	eting on:				
*When a person is being considere disclosed voting conflicts shall be c					
Number of previously disclosed	voting conflicts				
Signature:				Date:	

<u>Part I:</u>				
Board Name:	Head Start Po	licy Council		tell on an of the second of th
[X] At Large Appointment	or	[] District Appointment		
Term of Appointment:3 year	s. From	08 / 15 / 06 To	9 / 30 / 09	
Seat Requirement: Alternate -	- Boynton Bea	ch	Seat #	10 - A
[]**Reappointment	or	[X] New Appointment		
or [] to complete the term of due to: []resignation				
completion of term to expire on:				
Part II: APPLICANT, UNLESS EXE	MPTED, MUS	ST BE A COUNTY RESIDENT		
Name: 7	Forlande Sainti	zaire		
Occupation/Affiliation:	Unemployed			
Business Name:	N/A			· · · · · · · · · · · · · · · · · · ·
Business Address:]	N/A			1
City & State: N	I/A		Zip C	ode: <u>N/A</u>
Residence Address: 3255	Grove Road			
City & State: Boynton Beach	, FL	·	Zip Code:	33435
Home Phone:(561)540 -5826		Business Phone:	N/A	
Mailing Address preference: [] Busir	ess Address	[X] Residence Other or [] other:		
·	S	ee Above		
·				·
Minority Identification Code:				
 []IF (American Indian Female) []AF (Asian Female) []BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM [X]BM []HM	(American Indian Male) (Asian Male) (Black Male) (Hispanic Male) White Male)		
Part III: COMMISSIONER COMM	1ENTS			
Appointment to be made at BCC Meeting	ng on:			
*When a person is being considered f disclosed voting conflicts shall be con				
Number of previously disclosed vot	ing conflicts.			
Signature:		· · · · · · · · · · · · · · · · · · ·	Date:	

<u>Part I:</u>					
Board Name:	Head Start	Policy Council	- 		
[X] At Large Appointment	or	[] Distric	ct Appointment		
Term of Appointment:3_	_years. From	08 / 15 / 06	То	9 / 30 / 09	
Seat Requirement: A	ternate Boynton Be	ach		Seat #	10 - B
[]**Reappointment		[X] New	Annointment		
or [] to complete the term of					
due to: []resignatio					
completion of term to expire of					
Part II: APPLICANT, UNL					
Name:					
Occupation/Affiliation:				· · · ·	
Business Name:					
Business Address:					
City & State:					
Residence Address:				F	
City & State:					
Home Phone: N/A					
Mailing Address preference					
	Same As Abov				
· · ·		,		-	
Minority Identification Cod	e:				
[]IF (American Indian Fe		(American Indian	Male)		
[]AF (Asian Female) []BF (Black Female)	[]AM []BM				
[X]HF (Hispanic Female) []WF (White Female)	[]HM	. ,			
Part III: COMMISSIONE		(white Mate)			
Appointment to be made at B					
*When a person is being co					
disclosed voting conflicts sh					
Number of previously dis	closed voting conflict	5.			
				D :	
Signature:				Date:	

Part]	[:

Board Name: Head Sta	rt Policy Council			
[X] At Large Appointmer	it or	[] District Appoint	ment	
Term of Appointment:	3 years. From	08 / 15 / 06	To	9 / 30 / 09
Seat Requirement:	Representative - Jupiter		Sea	t #11
[]**Reappointment	or	[X] New Appointm	nent	
or [] to complete the terr	n of		· ·	
due to: []resig	nation []other		·	
completion of term to exp	ire on:		· · · ·	
Part II: APPLICANT, U	UNLESS EXEMPTED, MUST BE	A COUNTY RESIDI	ENT	
Name:	Silvia Nava			
Occupation/Affiliation:	Self employed			
Business Name:	N/A			
Business Address:	N/A	·		
City & State:	N/A		Zip Code:	N/A
Residence Address:	12832 Woodmill Drive			
City & State:	Palm Beach Gardens, FL		Zip Code:	33410
Home Phone:	(561) 622 - 1879	B	usiness Phone:	N/A
Mailing Address prefere	ence: [] Business Address [X] R	lesidence Other or []	other:	
	See above			
	· · · · · · · · · · · · · · · · · · ·			
Minority Identification	Code:			

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

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

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

____ Number of previously disclosed voting conflicts.

Signature:_____

Date:___

<u>Part I:</u>			
Board Name: Head Start Policy Council			
[X] At Large Appointment or	[] Distric	t Appointment	
Term of Appointment: <u>3</u> years. From	08 / 15 / 06	To9/3	30 / 09
Seat Requirement: <u>Alternate - Jupiter</u>		Seat #	11- A
[]**Reappointment or	[X] New A	Appointment	
or [] to complete the term of			
due to: []resignation []othe	er	·	
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, N	MUST BE A COUNTY	RESIDENT	
Name: Carlos Nava			1
Occupation/Affiliation: Unemployed			
Business Name: N/A			
Business Address: N/A			
City & State: N/A		Zip Code:_	N/A
Residence Address: 12832 Woodmill Driv City & State: Palm Beach Gardens,		Zin (ode: <u>33410</u>
Home Phone: (561) 622 - 1879		Business Phone:	
110mc 1 none(301/022 - 1879	L	Jushiess Thone	
Mailing Address preference: [] Business Addres	s [X] Residence Ot	her or [] other:	
See above	<u></u>		
			· · · · · · · · · · · · · · · · · · ·
[]BF(Black Female)[]BN[]HF(Hispanic Female)[X]HI	 (American Indian M (Asian Male) (Black Male) (Hispanic Male) (White Male) 	Male)	
Part III: COMMISSIONER COMMENTS			
Appointment to be made at BCC Meeting on:			
*When a person is being considered for re-appo disclosed voting conflicts shall be considered by			sly
Number of previously disclosed voting conflict	ts.		
Signature:		Date:_	

<u>Part I:</u>					
Board Name:	Head Start Polic	y Council			
[X] At Large Appointment	or	[] District A	ppointment		
Term of Appointment: <u>3</u> ye	ars. From	08 / 15 / 06	То	9 / 30 / 09	
Seat Requirement Alternate	e - Jupiter		Seat	#	11 - B
[]**Reappointment	or	[X] New Ap	pointment		
or [] to complete the term of		· · · · · · · · · · · · · · · · · · ·			
due to: []resignation	[]other				
completion of term to expire on: _			. :		
Part II: APPLICANT, UNLESS	EXEMPTED, MU	ST BE A COUNTY R	ESIDENT		
Name:	Roseline Dominio	que	<u></u>	. '	·
Occupation/Affiliation:	Security Guard				
Business Name:	US Security Assoc	ciation Inc.			
Business Address:	200 Morsell Court	Suite 500			
City & State:V	/est Palm Beach, FL	· · · · · · · · · · · · · · · · · · ·		Zip Code:	33415
Residence Address:	5524 Eagle Lake D	Drive #68B			
City & State: Palm Beac	h Gardens, Florid	a	<u></u>	Zip Code	: 33418
Home Phone: (561) 776 -	8982	Bus	iness Phone:	(561) 6	89-2816
Mailing Address preference: []	Business Address	[X] Residence Other	or [] other:		
<u></u>	See Above				
· · · · · · · · · · · · · · · · · · ·				<u></u>	
Minority Identification Code:					
[]IF (American Indian Female []AF (Asian Female)		(American Indian Ma (Asian Male)	le)		
[X]BF(Black Female)[]HF(Hispanic Female)[]WF(White Female)	[]HM	(Black Male) (Hispanic Male) White Male)			
Part III: COMMISSIONER C	OMMENTS				
Appointment to be made at BCC I	Meeting on:				

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

____ Number of previously disclosed voting conflicts.

Signature:_____

Date:

<u>Part I:</u>					
Board Name:	Head Start Po	olicy Council			
[X] At Large Appointment	or	[] District App	pointment		
Term of Appointment:3_	years. From	08 / 15 / 06	To	9/30/09	
Seat Requirement:	Representative - Sou	th Bay		Seat #_	12
[]**Reappointment	or	[X] New Appoi	intment		
or [] to complete the term of					
due to: []resignation	[]other				
completion of term to expire on					
Part II: APPLICANT, UNLES	SS EXEMPTED, MU	UST BE A COUNTY RES	SIDENT		
Name:	Virginia Powell	· · · · · · · · · · · · · · · · · · ·			
Occupation/Affiliation:	N/A	·			
Business Name:	Unknown			н <u>а на на на на на на на на на</u>	* *
Business Address:	N/A	· · · · · · · · · · · · · · · · · · ·	- · ·	· . · .	
City & State:	N/A		Zip (Code:	
Residence Address:	1009 NE 29 th Stre	et			
City & State:	Belle Glade, FL		Zij	p Code: 3	3430
Home Phone: (561) 9	93 -3046	Busine	ess Phone:	(561) 449 - 62	263
			· • • •		
Mailing Address preference: [-	[X] Residence Other or	r [] other:		
S	See Above		1	<u></u>	
Minority Identification Code:					
 []IF (American Indian Fem. []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	ale) []IM []AM []BM []HM	(American Indian Male) (Asian Male) (Black Male) (Hispanic Male) (White Male)			
Part III: COMMISSIONER	COMMENTS				
Appointment to be made at BCC	C Meeting on:				
*When a person is being consi disclosed voting conflicts shall				iously	
Number of previously disclo	osed voting conflicts.	•			
Signature:	<u> </u>		Dat	e:	·

<u>Part I:</u>					
Board Name:	Head Start Pol	icy Council			
[X] At Large Appointment	or	[] District Ap	pointment		
Term of Appointment:3	years. From	08 / 15 / 06	To	9 / 30 / 09	
Seat Requirement:	Alternate - South Ba	<u>y</u>		Seat #	12 -A
- []**Reappointment	or	[X] New App	pointment		
or [] to complete the term of					
due to: []resignati	on []other_				
completion of term to expire	on:				
Part II: APPLICANT, UNL	ESS EXEMPTED, MU	ST BE A COUNTY RE	SIDENT		
Name:	Jarquette Cumber	batch			
Occupation/Affiliation	N/A		· ·		-
Business Name:	N/A				
Business Address:	N/A				
City & State:	N/A	- - -	Zip	Code:	
D 11 4 11					
Residence Address:					
City & State:					
Home Phone:	(561) 985- 2915		Business Pl	none: N	// <u>A</u>
Mailing Address preference	: [] Business Address	[X] Residence Other of	or [] other:		
	S	ee above			
	·*				
Minority Identification Cod	le:				
 []IF (American Indian Fe []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM []BM []HM	(American Indian Male (Asian Male) (Black Male) (Hispanic Male) White Male))		
Part III: COMMISSIONE	R COMMENTS				
Appointment to be made at B	CC Meeting on:		<u></u>		
*When a person is being co disclosed voting conflicts sh				viously	
Number of previously dis	closed voting conflicts.				
Signature:		·	Da	ate:	- director of the

<u>Part I:</u>				
Board Name:	Head St	art Policy Council		
X] At Large Appointment	or	[] District	Appointment	
Ferm of Appointment:	3 years. From	08 / 15 / 06	To	9 / 30 / 09
Seat Requirement:	Alternate - South Bay			Seat # <u>1 2 - B</u>
]**Reappointment	or	[X] New Aj	opointment	
or [] to complete the term	of			
lue to: []resigna	ation []other_			
completion of term to expire	e on:		· · · · ·	
Part II: APPLICANT, UN		IST BE A COUNTY .	RESIDENT	
Occupation/Affiliation:	N/A			
Business Name:	N/A	 <u></u>	· · · ·	
Business Address:	N/A			<u></u>
City & State	N/A		Zip Co	de
Residence Address:	200 SE Avenue G.	- <u></u>		
City & State:	Belle Glade, FL		· · · ·	Zip Code: <u>33430</u>
Home Phone:	(561) 261-1449		Business I	Phone: N/A
Mailing Address preferen	n ce: [] Business Address See A		er or [] other:	
Minority Identification Co	ode:			
[]IF (American Indian] []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female)	[]AM []BM []HM	(American Indian M (Asian Male) (Black Male) (Hispanic Male) White Male)	ale)	
Part III: COMMISSION	VER COMMENTS			
Appointment to be made at	BCC Meeting on:			<u> </u>
*Whon a narson is boing a		tment the number a	nd nature of pr	eviously
disclosed voting conflicts s	considered for re-appoin shall be considered by th			-

Signature:_____

<u>Part I:</u>			
Board Name:	Head Start Polic	y Council	·
[X] At Large Appointment	or	[] District Appo	pintment
Term of Appointment:3	years. From	08/15/06	To 9 / 30 / 09
Seat Requirement:	Representative Palm	1 Glades	Seat # 13
[]**Reappointment	or	[X] New Appoir	tment
or [] to complete the term of			
due to: []resignation	[]other	· .	
completion of term to expire on:			
Part II: APPLICANT, UNLES	SS EXEMPTED, MUST	BE A COUNTY RES	IDENT
Name:	Jessica Ramirez		
Occupation/Affiliation:	N/A		
Business Name:	N/A		
Business Address:			
City & State:			Zip Code: N/A
Residence Address:	941 NE 26 th Street	t	
City & State:	Belle Glade, FL		Zip Code:33430
Home Phone: 561-9	96-3328 Cell: 561-2	210-3477	Business Phone: N/A
Mailing Address preference: [] Business Address [X See Above	[] Residence Other or	[] other:
Minority Identification Code:			
[]IF (American Indian Fema []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female)	[]AM (As []BM (B1	nerican Indian Male) sian Male) ack Male) spanic Male) ite Male)	
Part III: COMMISSIONER	COMMENTS		
Appointment to be made at BCC	C Meeting on:		
*When a person is being consi disclosed voting conflicts shall			
Number of previously disclo	osed voting conflicts.		
Signature:			Date:

Board Name: Head Start Policy Council			
X] At Large Appointment or [] District Ap	opointment		
Cerm of Appointment: <u>3</u> years. From <u>08 / 15 / 06</u>	To9	9 / 30 / 09	
Geat Requirement: Alternate - Palm Glades]**Reappointment or [X] New Appo	ointment	Seat #	13 -A
or [] to complete the term of			
lue to: []resignation []other			
completion of term to expire on:			
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RE	ESIDENT		
Name:Roscio Ortega	-	······	
Occupation/Affiliation: Unemployed			
Business Name: N/A			· · ·
Business Address: N/A			·
		7in Cada	N/A
City & State:N/A			11/11
Residence Address: 224 SW Avenue D. Apt. 2			
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298	ness Phone:	_Zip Code:	33430
City & State: N/A Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: [] Business Address [X] Residence Other of See Above	ness Phone:	_Zip Code:	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: [] Business Address [X] Residence Other of See Above Minority Identification Code: []IF (American Indian Female) []AIM (American Indian Male] []AF (Asian Female) []AM (Asian Male) []BF (Black Female) []BF (Black Female) []BM (Black Male) []HF (Hispanic Female) [X]HM (Hispanic Male)	ness Phone: or [] other:	_Zip Code:	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Busin Mailing Address preference: Business Address Minority Identification Code: See Above Minority Identification Code: []AIM (American Indian Male] JAF (Asian Female) []AM (Asian Male] JBF (Black Female) []BM (Black Male] JHF (Hispanic Female) []WM (White Male]	ness Phone: or [] other:	_Zip Code:	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: [] Business Address [X] Residence Other of See Above Minority Identification Code: []IF (American Indian Female) []AIM (American Indian Male]]AF (Asian Female) []AM (Asian Male)]BF (Black Female) []BM (Black Male) []HF (Hispanic Female) []YHM (Hispanic Male) []WF (White Female) []WM (White Male)	ness Phone: or [] other:	_Zip Code:	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: [] Business Address [X] Residence Other of See Above Minority Identification Code: []AIM (American Indian Male] []JF (American Indian Female) []AIM (American Indian Male] []AF (Asian Female) []AM (Asian Male) []BF (Black Female) []BM (Black Male) []HF (Hispanic Female) []WM (White Male) []WF (White Female) []WM (White Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on:	ness Phone: or [] other: e)	_Zip Code: (561)_992-1.	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: Business Address [X] Residence Other of See Above Minority Identification Code: []IF (American Indian Female) []AIM (American Indian Male] []AF (Asian Female) []AM (Asian Male) []BF (Black Female) []BM (Black Male) []HF (Hispanic Female) []WM (White Male) []WF (White Female) []WM (White Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on:	ness Phone: or [] other: e)	_Zip Code: (561)_992-1.	33430
Residence Address: 224 SW Avenue D. Apt. 2 City & State: Belle Glade, FL Home Phone: (561) 993 - 2298 Busin Mailing Address preference: [] Business Address [X] Residence Other of See Above Minority Identification Code: [] AIM (American Indian Male) [] IF (American Indian Female) [] AIM (Asian Male) [] AF (Asian Female) [] AM (Asian Male) [] BF (Black Female) [] BM (Black Male) [] HF (Hispanic Female) [] JMM (White Male) [] WF (White Female) [] WM (White Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on:	ness Phone: or [] other: e)	_Zip Code: (561)_992-1.	33430

Part I:				
Board Name:	Head Start Policy	Council		
[X] At Large Appointment	or	[] District Appoin	tment	
Term of Appointment: <u>3</u> y	ears. From	08 / 15 / 06	To9/30/09	
Seat Requirement: <u>Repr</u>	esentative - Delray			_Seat #14
[]**Reappointment	or	[X] New Appointm	nent	
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 RESID	ENT	
Name:	Nykia Taylor		· · · · · · · · · · · · · · · · · · ·	
Occupation/Affiliation:	N/A			·
Business Name:	N/A			
Business Address:	N/A		· · · · · · · · · · · · · · · · · · ·	
City & State:	N/A		Zip Code:	
Residence Address:	5510 S 37th Stree	t		
City & State:	Lake Worth, FL		Zip Code:	33463
Home Phone:	(561) 853-5563		Business Phone: (5)	61) 272-6076
Mailing Address preference: []	Business Address [X] Residence Other or []	other:	
G 1 1	See A	-		-
-				
Minority Identification Code:				
 []IF (American Indian Female []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM (A []BM (B	American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male)		
Part III: COMMISSIONER C	OMMENTS			
Appointment to be made at BCC I	Meeting on:			
*When a person is being conside disclosed voting conflicts shall b				
Number of previously disclose	ed voting conflicts.			
Signature:			Date:	

Board Name:	Head Start Policy	Council		
[X] At Large Appointment	or	[] District A	ppointment	
Term of Appointment:3	_ years. From	08 / 15 / 06	То	9 / 30 / 09
Seat Requirement: <u>Rep</u>	oresentative - Pahokee		Seat #	15
[]**Reappointment	or	[X] New App	oointment	
or [] to complete the term of				
due to: []resignation	[]other			
completion of term to expire on:				
Part II: APPLICANT, UNLES	SS EXEMPTED, MUST	BE A COUNTY R	ESIDENT	
Name:	Brenda Walke	r		
Occupation/Affiliation:	N/A			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Business Name:	N/A			
Business Name: Business Address:	N/A N/A			N/A
Business Name: Business Address: City & State:	N/A N/A N/A			N/A
Occupation/Affiliation: Business Name: Business Address: City & State: Residence Address:	N/A N/A N/A			N/A
Business Name: Business Address: City & State:	N/A N/A N/A 327 Seminole (Court	Zip Code:	N/A p Code: <u>33476</u>
Business Name: Business Address: City & State: Residence Address: City & State:	N/A N/A N/A 327 Seminole (Court	Zip Code: Zi	
Business Name: Business Address: City & State: Residence Address:	N/A N/A N/A 327 Seminole (Pahokee, F1 (561) 924 - 967	Court	Zip Code: Zi Business Phone:	p Code: <u>33476</u>

Minority Identification Code:

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

AIM (American Indian Male)AM (Asian Male)BM (Black Male)HM (Hispanic Male)WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on	
--	--

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

____ Number of previously disclosed voting conflicts.

Signature:

Date:____

<u>Part I:</u>					
Board Name:	Head Start Pol	icy Council			
[X] At Large Appointment	or	[] District	Appointment		
Term of Appointment:3	years. From	08 / 15 / 06	То	9/30/09	
Seat Requirement: Alte	ernate Pahokee	·		Seat #	15 A
]**Reappointment	or	[X] New A	ppointment		
or [] to complete the term of		· · · · · · · · · · · · · · · · · · ·			
due to: []resignation	[]othe	r			
completion of term to expire on:					
Part II: APPLICANT, UNLES					
Name:	Snowie Austir	1			
Occupation/Affiliation:	Unemployed				
Business Name:	N/A				
Business Address:	N/A	<u> </u>	<u></u>	······································	
City & State:	N/A			Zip Code	N/A
Residence Address:	378 Cypress A	Avenue			
City & State:	Pahokee ,FL			Zip Code	: 33476
Home Phone:	(561) 924 -70	011		Business Phone:	N/A
Mailing Address preference: [] Business Address	[X] Residence Oth	er or [] other:		
		See Above	<u> </u>		
					-
Minority Identification Code:					
[]IF (American Indian Fema	,	I (American Indian M	lale)		
[]AF (Asian Female) [X]BF (Black Female)	[]AM []BM				
[]HF (Hispanic Female) []WF (White Female)		(Hispanic Male) (White Male)			
		(white Male)			
Part III: COMMISSIONER					
Appointment to be made at BCC				 	
*When a person is being consi disclosed voting conflicts shall					
Number of previously discle	osed voting conflicts	5.			

<u>Part I:</u>			
Board Name:	Head Start Policy Counci	l	
[X] At Large Appointment	or []Di	strict Appointment	
Term of Appointment: <u>3</u> years.	From 08 / 15 / 06	To 70)9
Seat Requirement: Repre	sentative - Westgate		Seat #16
[]**Reappointment	or [X] N	ew Appointment	
or [] to complete the term of	 		
due to: []resignation	[]other	·	
completion of term to expire on:	· .		
Part II: APPLICANT, UNLESS EXE	-	NIY RESIDENI	
Name:			
Occupation/Affiliation:			
Business Name:			
Business Address:			
City & State:	N/A		le: <u>N/A</u>
Residence Address:			
City & State:			
Home Phone:	561-683-0468	Business Phone:	N/A
Mailing Address preference: [] Busin	ness Address [X] Residence	e Other or [] other:	
	See Above		
	·		
Minority Identification Code:			
 []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AIM (American Indi []AM (Asian Male) []BM (Black Male) []HM (Hispanic Male []WM (White Male)		
Part III: COMMISSIONER COMM	AENTS		
Appointment to be made at BCC Meeti	ng on:		
*When a person is being considered disclosed voting conflicts shall be con			
Number of previously disclosed votin	ng conflicts.		
Signature:		Date:	

Part	I:

Board Name:H	lead Stat Policy	Council		·
[X] At Large Appointment	or	[] District Appointm	nent	
Term of Appointment: ye	ears. From	08 / 15 / 06	To <u>9/3</u>	0 / 09
Seat Requirement: <u>Alternate</u> []**Reappointment	e - Westgate or	[X] New Appointme	nt	Seat # 16 - A
or [] to complete the term of				
due to: []resignation				
completion of term to expire on:	<u> </u>			
Part II: APPLICANT, UNLESS EXE	MPTED, MUSI	BE A COUNTY RESIDE	NT	
Name:Felish	na Knight			
Occupation/Affiliation:	Unen	nployed		
Business Name:	N/A			
Business Address:	N/A			
City & State:	N/A	·	·	Zip Code:N/A
Residence Address:	1370 W	7. Scottsdale Road		
City & State: West Palm	Deeph EI			22417
City & State	Beach, FL		Zip Code:	33417
Home Phone: (561) 686-9963				
	· · · ·	Business Ph	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin	· · · ·	Business Ph X] Residence Other or [] o	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin	ess Address [Business Ph X] Residence Other or [] o	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin	ess Address [Business Ph X] Residence Other or [] o	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin	Ess Address [See Abov []AIM (A []AM (A []BM (E	Business Ph [X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Hispanic Male)	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female)	ess Address [See Abov []AIM (A []AM (A []BM (E []HM (F []WM (W)	Business Ph [X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Hispanic Male)	ione:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female)	ess Address [See Aboy] AIM (A] AM (A] BM (E] BM (E] HM (F] WM (W) IENTS	Business Ph X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male)	ione: ther:	
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) Part III: COMMISSIONER COMM	Eess Address [See Abov] AIM (A] JAM (A] JAM (A] JBM (E] JHM (F] JWM (W) IENTS ng on: for re-appointm	Business Ph X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Black Male) Hispanic Male) hite Male) ent, the number and nature	ther:	<u>N/A</u>
Home Phone: (561) 686-9963 Mailing Address preference: [] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER COMM Appointment to be made at BCC Meetin *When a person is being considered f	ess Address [See Abov] AIM (A] AM (A] BM (E] BM (E] HM (F] WM (W) IENTS ng on: for re-appointm sidered by the I	Business Ph X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Black Male) Hispanic Male) hite Male) ent, the number and nature	ther:	<u>N/A</u>
Home Phone: (561) 686-9963 Mailing Address preference:] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) []JF (Black Female) []HF (Hispanic Female) []WF (White Female) Part III: COMMISSIONER COMM Appointment to be made at BCC Meetin *When a person is being considered f disclosed voting conflicts shall be considered	ess Address [See Abov] AIM (A] AM (A] BM (E] BM (E] HM (F] WM (W) IENTS ng on: for re-appointm sidered by the I	Business Ph X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Black Male) Hispanic Male) hite Male) ent, the number and nature	ther:	<u>N/A</u>
Home Phone: (561) 686-9963 Mailing Address preference:] Busin Minority Identification Code: []IF (American Indian Female) []AF (Asian Female) []JF (Black Female) []HF (Hispanic Female) []WF (White Female) Part III: COMMISSIONER COMM Appointment to be made at BCC Meetin *When a person is being considered f disclosed voting conflicts shall be considered	ess Address [See Aboy []AIM (A []AM (A []BM (E []BM (E []HM (F []WM (W) IENTS ag on: for re-appointm sidered by the F ng conflicts.	Business Ph X] Residence Other or [] o ve American Indian Male) Asian Male) Black Male) Black Male) Hispanic Male) hite Male) ent, the number and nature Board of County Commiss	ther:	<u>N/A</u>

<u>Part I:</u>				
Board Name:	Head Start Polic	cy Council		
[X] At Large Appointment	or	[] District	Appointment	
Term of Appointment: <u>3</u>	_years. From	08 / 15 / 06	To	9 / 30 / 09
Seat Requirement:	<u> Representative - Lal</u>	ce Worth		Seat #17
[]**Reappointment	or	[X] New A	ppointment	
or [] to complete the term of				
due to: []resignation	[]other_			
completion of term to expire on			-	
Part II: APPLICANT, UNLES	SS EVEMDTED MI	IST DE A COUNTV	DECIDENT	
			KESIDENI	
Name: Occupation/Affiliation:		ifer Digelio		
Business Name:			1997 ¹⁰	
Business Address:				
City & State:			Zip Code:_	N/A
Residence Address:			Zip Code	
			7in Cod	
City & State:	н 		Zip Cod	-
Home Phone: (:	061) 439-5062	Bi	isiness Phone:	<u>N/A</u>
Mailing Address preference: [] Business Address	[X] Residence Oth	er or [] other:	
	/			
Minority Identification Code:				
[]IF (American Indian Fem		(American Indian M	(ale)	
[]AF (Asian Female) []BF (Black Female)	[]AM []BM	(Asian Male) (Black Male)		
[]HF (Hispanic Female)	[]HM	(Hispanic Male)		
[X]WF (White Female)		(White Male)		
<u>Part III:</u> COMMISSIONER				
Appointment to be made at BCC	C Meeting on:			
*When a person is being consi disclosed voting conflicts shall				ously
Number of previously disclo	osed voting conflicts.			
C C				
Signature:			Date	:

<u>Part I:</u>	
Board Name: Head Start Policy Council	
[] At Large Appointment or [] District Appointment	
Term of Appointment: <u>3</u> years. From <u>08 / 15/ 06</u> To To	9 / 30 / 09
Seat Requirement: Alternate Lake Worth	Seat #17 -A
[]**Reappointment or [X] New Appointment	
or [] to complete the term of	
due to: []resignation []other	
completion of term to expire on:	
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT	
Name: Andrea Poitier	
Occupation/Affiliation: N/A	
Business Name: N/A	
Business Address: N/A	
City & State Zip Code:	N/A
Residence Address: 722 Pine Circle	
City & State: Greenacres Zip Code:	33463
Home Phone: (561) 649-4296 Business Phone:	N/A
Mailing Address preference: [] Business Address [] Residence Other or [] other:	
Minority Identification Code:	
[]IF(American Indian Female) []IM(American Indian Male)[]AF(Asian Female)[]AM(Asian Male)[X]BF(Black Female)[]BM(Black Male)[]HF(Hispanic Female)[]HM(Hispanic Male)[]WF(White Female)[]WM (White Male)	
Part III: COMMISSIONER COMMENTS	
Appointment to be made at BCC Meeting on:	
*When a person is being considered for re-appointment, the number and nature of disclosed voting conflicts shall be considered by the Board of County Commissioner	
Number of previously disclosed voting conflicts.	
Signature:	Date:

Part I:

Board Name:	Head Start Policy C	ouncil				
[X] At Large Appointment	or	[] District Appo	intment			
Term of Appointment:3	_ years. From	08 / 15 / 06	To	9 / 30 / 09		
Seat Requirement:Alt	ernate Lake Worth			Sea	.t #	17 - B
]**Reappointment	or	[X] New Appoin	tment			
or [] to complete the term of	·			· · · · · · · · · · · · · · · · · · ·		
fue to: []resignation	[]other					
completion of term to expire on: _			*			2 ¹ 7
Part II: APPLICANT, UNLESS	EXEMPTED, MUST	T BE A COUNTY RESI	DENT			
Name:	Lucia Abr	ego		· .		· · ·
Occupation/Affiliation:	N/A	· · · · · · · · · · · · · · · · · · ·		· · · · ·	<u>.</u>	
Business Name:	N/A	· ·				
Business Address:	N/A				<u>.</u>	
City & State:	N/A	Zip C	Code:	N/A		
Residence Address:	7121 15 th Avenu	e South			. <u> </u>	· ···
City & State: Home Phone:(561) 585-458		Business Phone:				
Home Phone: (561) 585-458	2	Business Phone:				
Home Phone: (561) 585-458	2	Business Phone:				
	2	Business Phone:				
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female	Business Address [Business Phone:] Residence Other or [
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female)	2 Business Address [) []IM (A []AM (A	Business Phone:] Residence Other or [American Indian Male) Asian Male)				
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female)	E) []IM (A []AM (A []BM (F []HM (F	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male)				
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female)	2 Business Address []IM (A []AM (A []BM (F []HM (F []WM (W	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male)				
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) []BF (Hispanic Female) []WF (White Female) Part III: COMMISSIONER C	2 Business Address []IM (A []AM (A []BM (E []HM (F []WM (W OMMENTS	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male)] other:			
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER C Appointment to be made at BCC I *When a person is being conside	Business Address [() []IM (A []AM (A []BM (F []HM (F []WM (W OMMENTS Meeting on: ered for re-appointm	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male) hite Male)] other:	previously		
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER C Appointment to be made at BCC I *When a person is being conside	Business Address [Business Address [[]AM (A []BM (F []HM (F []HM (W OMMENTS Meeting on: ered for re-appointme e considered by the J	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male) hite Male)] other:	previously		
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER C Appointment to be made at BCC I *When a person is being conside disclosed voting conflicts shall b	Business Address [Business Address [[]AM (A []BM (F []HM (F []HM (W OMMENTS Meeting on: ered for re-appointme e considered by the J	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male) hite Male)] other:	previously		
Home Phone: (561) 585-458 Mailing Address preference: [] Minority Identification Code: []IF (American Indian Female []AF (Asian Female) []BF (Black Female) [X]HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER C Appointment to be made at BCC I *When a person is being conside disclosed voting conflicts shall b	Business Address [Business Address [[]AM (A []BM (F []HM (F []HM (W OMMENTS Meeting on: ered for re-appointme e considered by the J	Business Phone:] Residence Other or [American Indian Male) Asian Male) Black Male) Hispanic Male) hite Male) hite Male)] other:	previously		

<u>Part I:</u>						
Board Name: Head Sta	rt Policy Council					
[X] At Large Appointment	or	[] District	Appointment			
Term of Appointment: <u>1</u> years.	From 08 /	/ 15 / 06	То	9 / 30 / 07		
Seat Requirement: <u>Representat</u>	ive Riviera Beac	h		Seat	#1	8
[X]**Reappointment	or	[] New A	ppointment			
or [] to complete the term of				<u>,</u>		
due to: []resignation	[]other					
completion of term to expire on:				<u> </u>		
Dart H. ADDI IC ANT UNI FOG FY	WATED MICT	DE A COUNTS	DECINENT			
<u>Part II:</u> APPLICANT, UNLESS EXI			KESIDENI			
Name:	-	-				
Occupation/Affiliation :					······································	
Business Name:		<u> </u>			<u> </u>	-
Business Address:		<u>,</u> ,,			NT/A	<u></u>
City & State:		· · · · · · · · · · · · · · · · · · ·	<u>,</u>	_ Zip Code:	<u>N/A</u>	
Residence Address:		Edge Circle	<u> </u>			
City & State:	Palm Beach Ga	ardens, FL		Zip C	Code	33410
Home Phone: (561) 881-4	563	B	usiness Phone:_	N/	<u>A</u>	
Mailing Address preference: [] Busi	ness Address [2	X] Residence Oth	ner or [] other:			
	See Abov	e				
Minority Identification Code:						
[]IF (American Indian Female)	[]IM (A	merican Indian N	/lale)			
[]AF (Asian Female)		sian Male)				
[]BF (Black Female) []HF (Hispanic Female)	[X]BM (B []HM (H	lispanic Male)				
[]WF (White Female)	[]WM (WI	-				
Part III: COMMISSIONER COM	MENTS					
Appointment to be made at BCC Meet	ing on:					
*When a person is being considered disclosed voting conflicts shall be con						
Number of previously disclosed vo	ting conflicts.					
Signature:				Date:		

<u>Part I:</u>					
Board Name: Head	Start Policy	Council			
[X] At Large Appointment	or	[] District App	ointment		
Term of Appointment: <u>3</u> years.	From	08 / 15 / 06	То	9 / 30 / 09	
Seat Requirement: Alternate	- Riviera Be	ach		Seat #	18 - A
[]**Reappointment	or	[X] New Appoi	ntment		
or [] to complete the term of	·	· · · .			
due to: []resignation	[]other			· · ·	- ¹
completion of term to expire on:					
Part II: APPLICANT, UNLESS EXEM	PTED, MUS	T BE A COUNTY RES	SIDENT		
Name:	Tieya Kingd	om		· · · · · · · · · · · · · · · · · · ·	
Occupation/Affiliation:	Unknown	· · · · ·			· ·
Business Name	N/A				· .
Business Address:					
City & State:	N/A		Zip Coc	le: <u>N/A</u>	
Residence Address: 9	61 West 37 th	Street Apt. 1			
	iviera Beach,				94
U. D. (5(1) 0(2 7021			ess Phone:		
Mailing Address preference: [] Busines	s Address	[X] Residence Other or	[] other:		
<u>s</u>	See Above				
			· · ·	- 	
Minority Identification Code:					
 []IF (American Indian Female) []IM []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM (/ []BM (/ []HM (/	Indian Male) Asian Male) Black Male) Hispanic Male) 'hite Male)			
Part III: COMMISSIONER COMME	INTS				
Appointment to be made at BCC Meeting	on:				
*When a person is being considered for disclosed voting conflicts shall be consid				ously	
Number of previously disclosed vot	ing conflicts.				
Signature:			Date		

<u>Part I:</u>					
Board Name: Head	<u>l Start Polic</u>	y Council	· · · · · · · · · · · · · · · · · · ·		<u> </u>
[X] At Large Appointment	or	[] Distric	t Appointment		
Term of Appointment: <u>3</u> year	s. From	08 / 15 / 06	То	9 / 30 / 09	
Seat Requirement: Alternat	e - Riviera B	each		Seat #	18 -B
[]**Reappointment	or	[X] New A	ppointment		
or [] to complete the term of		· · · · · · · · · · · · · · · · · · ·			
due to: []resignation	[]other_				
completion of term to expire on:					
Part II: APPLICANT, UNLESS EXEN	MPTED, MU	ST BE A COUNTY	RESIDENT		
Name:	Shu'Karrie	Washington	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · ·
Occupation/Affiliation:	Unknown			· · · · · · · · · · · · · · · · · · ·	
Business Name	N/A	1981 I III III III III III III III I			
Business Address:					
City & State:	N/A	· · · · · · · · · · · · · · · · · · ·	Zi	p Code: <u>N/A</u>	
Residence Address:	1456 West 3	1 st Street			
City & State:	Riviera Beach	<u>ı, Fl</u>		Zip Code: 334 04	l
Home Phone: (561) 541-8269		В	usiness Phone:	(561) 667-1799	. •
Mailing Address preference: [] Busine	ss Address	[X] Residence Oth	ner or [] other:		
	See Above				
Minority Identification Code:					
[]IF (American Indian Female) []IM	•	an Indian Male)			
[]AF (Asian Female) [X]BF (Black Female)		(Asian Male) (Plack Male)			
[X]BF (Black Female) []HF (Hispanic Female)		(Black Male) (Hispanic Male)			
[]WF (White Female)		White Male)			
Part III: COMMISSIONER COMM	ENTS				
Appointment to be made at BCC Meetin	g on:				
*When a person is being considered for	r re-appoint	ment, the number	and nature of p	reviously	
disclosed voting conflicts shall be cons					
Number of previously disclosed vo	ting conflict	<u>s</u> .			
Signature:				Date:	

<u>Part I:</u>						
Board Name: Hea	d Start Policy	Council				
[X] At Large Appointment	or	[] Distr	ict Appointment			
Term of Appointment:3 year	rs. From	08/15/06	To	09 / 30	/ 09	
Seat Requirement: <u>Represen</u>	tative - West	t Palm Beach			_ Seat #	19
[]**Reappointment	or	[X] New	Appointment			
or [] to complete the term of		· .				
due to: []resignation	[]other_					
completion of term to expire on:						
Part II: APPLICANT, UNLESS EXE	MPTED, MU	ST BE A COUNI	Y RESIDENT			
Name:	Norlaie Nu	nez				
Occupation/Affiliation:	Unemploym	nent			•	· · ·
Business Name:	N/A					
Business Address:	N/A					
City & State:	N/A		Zip Code:	N	/A	
Residence Address:4	450 Portofino	Way # 210			- 	
City & State: <u>West Palm Beach, F</u>	<u>1</u>	·	Zip	Code:	33409	
Home Phone: (561) 601-7030			Business Phone:	N/A	· ·	
Mailing Address preference: [] Busin	ess Address	[X] Residence O	ther or [] other:			
S	ee Above					
Minority Identification Code:						
[]IF (American Indian Female)	[]AIM	(American Indian	Male)			
[]AF (Asian Female) [X]BF (Black Female)		(Asian Male) (Black Male)				
[]HF (Hispanic Female)		(Hispanic Male)				
[]WF (White Female)		White Male)				
Part III: COMMISSIONER COMM	IENTS					
Appointment to be made at BCC Meetir	ng on:			_		
*When a person is being considered for disclosed voting conflicts shall be cons				viously		
Number of previously disclosed voti	ng conflicts.					
Signature:			Da	ite:		
	and fille					

<u>Part I:</u>				
Board Name:	Head Start Policy	Council		
[X] At Large Appointment	or	[] District A	Appointment	
Term of Appointment:3	years. From	08/15/06	To	9 / 30 / 09
Seat Requirement	Alternate Wes	st Palm Beach		Seat # 19 - 🌶
[]**Reappointment	or	[X] New Apj	pointment	
or [] to complete the term of_	· .			
due to: []resignatio	n []other	·		
completion of term to expire or	n:			
Part II: APPLICANT, UNLI	ESS EXEMPTED, MUS	ST BE A COUNTY R	ESIDENT	
Name:	Claudia M. Johnson	· · · · · · · · · · · · · · · · · · ·		
Occupation/Affiliation:	N/A	¢ .		·····
Business Name:	N/A			
Business Address:	N/A			· ·
City & State:	N/A		Zip C	Code: N/A
Residence Address:	P.O. Box 1176			
City & State:	West Palm Beach, F	L	Zip C	Code: <u>33402</u>
Home Phone:	561-882-1425		Business Pho	one: N/A
Mailing Address preference:	[] Business Address	[X] Residence Other	or [] other:	
	See Above			
·				
Minority Identification Code	:			
[]IF(American Indian Fen[]AF(Asian Female)[X]BF(Black Female)[]HF(Hispanic Female)[]WF(White Female)	[]AM ([]BM ([]HM (American Indian Ma Asian Male) Black Male) Hispanic Male) Vhite Male)	le)	
Part III: COMMISSIONER	R COMMENTS			
Appointment to be made at BC	C Meeting on:			
*When a person is being con disclosed voting conflicts sha				iously
Number of previously disc	losed voting conflicts.	· · · ·		
	-			
Signature:			Dat	e:

<u>Part I:</u>					
Board Name:	Head Start Po	licy Council			
[X] At Large Appointment	or	[] District	Appointment		
Term of Appointment: <u>3</u>	years. From	08/15/06	To	9 / 30 / 09	· ·
Seat Requirement:	Representative Unio	n Baptist		Seat #	20
[]**Reappointment	or	[X] New A	ppointment		
or [] to complete the term of					
due to: []resignation	[]other_				
completion of term to expire on:				· · · · · · · · · · · · · · · · · · ·	
Part II: APPLICANT, UNLES	SS EXEMPTED, MU	ST BE A COUNTY	RESIDENT		
Name:	Bondretta Davis				
Occupation/Affiliation:	Unemployed				
Business Name:					
Business Address:	N/A				
City & State:	N/A		Zi	p Code:	
Residence Address:	1708 Loxahatch	ee Drive			· · ·
City & State:	West Palm Beac	h,FL		Zip Code:	33407
Home Phone: N/A		· · · ·	Busine	ss Phone(561)	N/A
Mailing Address preference: [] Business Address	[X] Residence Oth	er or [] other	:	
	· ·			- 	
Minority Identification Code:	1)		r. 1.)		
[]IF (American Indian Fema []AF (Asian Female)	[]AM	(American Indian M (Asian Male)	lale)		
[X]BF (Black Female) []HF (Hispanic Female)	[]BM []HM	(Black Male) (Hispanic Male)			
[]WF (White Female)		(White Male)			
Part III: COMMISSIONER	COMMENTS				
Appointment to be made at BCC	C Meeting on:	, , , , , , , , , , , , , , , , , , ,			
*When a person is being consi disclosed voting conflicts shall					
Number of previously disc	losed voting conflict	S .			
Signature:				Date:	
515maturo	· · ·	<u>,</u>			

<u>Part I:</u>				
Board Name: He	ead Start Policy Co	uncil		
[X] At Large Appointment	or	[] District Appointme	ent	
Term of Appointment: <u>3</u> years	s. From08	/ 15 / 06 To	09 / 30 / 09	
Seat Requirement: Alterna	ate - Union Baptist		Seat #_	20 - A
[]**Reappointment	or	[X] New Appointment	- · ·	
or [] to complete the term of				
due to: []resignation	[]other			
completion of term to expire on:				
Part II: APPLICANT, UNLESS E	KEMPTED, MUST	BE A COUNTY RESIDEN	T	
Name:	Fradley Joseph	h		
Occupation/Affiliation:	Unknown			
Business Name:				
Business Address:			7:	
City & State:			Zıр	Code: N/A
Residence Address: 2	*	· · · · · · · · · · · · · · · · · · ·		
City & State: R	iviera Beach, Fl		Zip Code:	33404
Home Phone: (561) 844	- 4845	Business Pho	ne: <u>N/A</u>	
Mailing Address preference: [] Bu	siness Address [X	[] Residence Other or [] o	other:	
	See Above			
	· · · · · · · · · · · · · · · · · · ·			
Minority Identification Code:		· · · · · · · · · · · · · · · · · · ·		
[]IF (American Indian Female)	ΓΙΔΙΜ (Δι	nerican Indian Male)		
[]AF (Asian Female)		sian Male)		
[]BF (Black Female)	[X]BM (Bl			
[]HF (Hispanic Female)		spanic Male)		
[]WF (White Female)	[]WM (Whi	ite Male)		
Part III: COMMISSIONER COM	IMENTS			
Appointment to be made at BCC Me	eting on:			
*When a person is being considere disclosed voting conflicts shall be c				
Number of previously disclosed	voting conflicts.			
Signature:			Date:	

<u>Part I:</u>				
Board Name: Head Start Policy	Council	······		•
[X] At Large Appointment	or	[] District Appo	ointment	
Term of Appointment: <u>3</u> years	s. From <u>0</u>	8 / 15 / 06	_ To 9 / 30 / 09	
Seat Requirement: Represent	ative - Early Hea	d Start - Delray Early	HeadStart	_ Seat #21
[]**Reappointment	or	[X] New Appoin	atment	
or [] to complete the term of				·
due to: []resignation	[]other		· · ·	
completion of term to expire on:				
Part II: APPLICANT, UNLESS E	XEMPTED, MUS	ST BE A COUNTY RES	IDENT	
Name:	Nadle	en Seraphin		
Occupation/Affiliation:	Unemployed			
Business Name:	N/A	· · · · · · · · · · · · · · · · · · ·		
Business Address:	N/A			
City & State:	N/A		Zip Code:	N/A
Residence Address:	690 Auburn C	rcle # B		Lucas
City & State:	Delray Beach, F	L	Zip Code:	33444
Home Phone: (561) 503-7	889		Business Phone:	N/A
Mailing Address preference: [] Bu	usiness Address	[X] Residence Other or	[] other:	
	See Ab	ove	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		- *
Minority Identification Code:				
[]IF(American Indian Female)[]AF(Asian Female)[X]BF(Black Female)[]HF(Hispanic Female)[]WF(White Female)	[]AM []BM []HM	(American Indian Male) (Asian Male) (Black Male) (Hispanic Male) Vhite Male)		
Part III: COMMISSIONER CO	MMENTS			
Appointment to be made at BCC Me	eting on:		<u>.</u>	
*When a person is being considered disclosed voting conflicts shall be a				
Number of previously disclosed	d voting conflicts	•		
Signature:			Date:	

<u>Part I:</u>					
Board Name:	Head Start Polic	y Council	·		
[X] At Large Appointment	or	[] Di	strict Appointm	ent	
Term of Appointment: <u>2</u> years	s. From08 /	15/06	То	09/30/08	
Seat Requirement: Repr	esentative Easter S	Seals			Seat #22
[X]**Reappointment	or	[] Ne	w Appointment		
or [] to complete the term of		·			
due to: []resignation	[]other			· · · ·	
completion of term to expire on:				·	
Part II: APPLICANT, UNLESS E		T BE A COU	NTY RESIDEN	V T	
Name:	Sumy	a Abbas		<u></u>	
Occupation/Affiliation:	Unemployed	d			
Business Name:	<u>N /A</u>		<u></u>	<u> </u>	
Business Address:	N/A				
City & State:	N/A		· · · · · · · · ·	Zip Code	: <u>N/A</u>
Residence Address:	4180 Bear La	kes Court # 1	08		
City & State:	West Palm Bea	ich, Fl		Zip	Code: <u>33409</u>
Home Phone (561): 686 -4380			Business Pho	one: <u>N/A</u>	,
Mailing Address preference: [] Bu	isiness Address	[X] Residend	ce Other or [] o	ther:	
Minority Identification Code:					
 []IF (American Indian Female) [X]AF (Asian Female) []BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM (/ []BM (/ []HM (/	American Ind Asian Male) Black Male) Hispanic Mal /hite Male)			
Part III: COMMISSIONER CO	MMENTS				
Appointment to be made at BCC Me	eting on:				
*When a person is being considered disclosed voting conflicts shall be					
Number of previously disclose	d voting conflicts.				
Signature:				Date:	

Roard Name:				
	Head Start Policy C	ouncil		
[X] At Large Appointment	or	[] District Appoin	tment	
Term of Appointment: <u>3</u>	years. From08	3/15/06 T	Co <u>9/30</u>	/ 09
Seat Requirement: Al	ternate - Easter Seals		Seat #	22 - A
[]**Reappointment	or	[X] New Appointm	lent	
or [] to complete the term of				
due to: []resignation	[]other			
completion of term to expire on:	·		·	
Part II: APPLICANT, UNLES	SS EXEMPTED, MUST	BE A COUNTY RESID	ENT	
Name:	Nadine Burke			
Occupation/Affiliation:	N/A			
Business Name:	N/A	· · · · · · · · · · · · · · · · · · ·	·	
Business Address:	N/A		· ·	
City & State:	N/A		Zip Code:	N/A
Residence Address:	219 Lainhart	Court	· · · · · ·	
				22400
City & State:	West Palm I	Beach	Zip Code:	
				33409 N/A
Home Phone:	561-255-5186	E	Business Phone:	
Home Phone: Mailing Address preference: [561-255-5186	E	Business Phone:	
City & State: Home Phone: Mailing Address preference: [Minority Identification Code: []IF (American Indian Fema []AF (Asian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) []WF (White Female) Part III: COMMISSIONER	561-255-5186] Business Address [ale) []IM (A []AM (A []BM (B []HM (H []WM (WI	E X] Residence Other or [] merican Indian Male) sian Male) lack Male) ispanic Male)	Business Phone:	
Home Phone: Mailing Address preference: [Minority Identification Code: []IF (American Indian Fema []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) Part III: COMMISSIONER	561-255-5186] Business Address [ale) []IM (A []AM (A []BM (B []HM (H []WM (W] COMMENTS	E X] Residence Other or [] merican Indian Male) sian Male) lack Male) lack Male) ispanic Male) nite Male)	Business Phone: other:	
Home Phone: Mailing Address preference: [Minority Identification Code: []IF (American Indian Fema []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female)	561-255-5186] Business Address [ale) []IM (A []AM (A []BM (B []HM (H) []WM (W) COMMENTS C Meeting on:	[] [] [] [] [] [] [] [] [] [] [] [] [] [Business Phone: other: ure of previously	<u>N/A</u>

Signature:_____

Date:_____

<u>Part I:</u>					
Board Name:	Head Start Policy (Council			
[X] At Large Appointment	or	[] District A	Appointment		
Term of Appointment: <u>3</u> ye	ars. From	08 / 15 / 06	To	9 / 30 / 0	9
Seat Requirement <u>Representation</u>	ve Early Head Start	- Family Day Care	2	_ Seat #	23
[]**Reappointment	or	[X] New A	ppointment		
or [] to complete the term of		· · · · ·	·		
due to: []resignation	[]other				
completion of term to expire on: _					
Part II: APPLICANT, UNLESS	- -	T BE A COUNTY I	RESIDENT		
Name:					
Occupation/Affiliation:					<u> </u>
Business Name:					· · · · · · · · · · · · · · · · · · ·
Business Address:	-	· · · · ·			<u> </u>
City & State:		·	Zip Cod	le:	·
Residence Address:				· · · · ·	
City & State:	Pahokee, FL	<u></u>	Zip Code:	33476	
Home Phone: (561) 9	02-4177		Business Ph	one: 924-5	800
Mailing Address preference: []	Business Address	[X] Residence Othe	r or [] other:		
				<u></u>	<u></u>
Minority Identification Code:					
[]IF(American Indian Female)[]AF(Asian Female)[]BF(Black Female)[]HF(Hispanic Female)[]WF(White Female)	[]AM ([X]BM ([]HM (American Indian Ma Asian Male) Black Male) Hispanic Male) Vhite Male)	ale)		
Part III: COMMISSIONER C	OMMENTS				
Appointment to be made at BCC M	Meeting on:		· · · · · · · · · · · · · · · · · · ·		
*When a person is being conside disclosed voting conflicts shall b				viously	
Number of previously disclo	sed voting conflicts.	· .			
					
Signature:			Da	ite:	

<u>Part I:</u>				
Board Name:	Head Start Policy	Council		
[X] At Large Appointment	or	[] District Appoin	itment	
Term of Appointment:3	years. From	08 / 15 / 06	То	9 / 30 / 09
Seat Requirement <u>Represen</u>	tative Early Head St	art - Home Based	Seat #	24
[]**Reappointment	or	[X] New Appoint	ment	
or [] to complete the term of				
due to: []resignation	[]other		- i	
completion of term to expire on:		· · · · · · · · · · · · · · · · · · ·	·	
Part II: APPLICANT, UNLESS E	XEMPTED, MUST I	BE A COUNTY RESID	ENT	
Name:	Lakesha Howard			
Occupation/Affiliation:	N/A		· · ·	
_ Business Name:	N/A	· · · · · · · · · · · · · · · · · · ·		
Business Address:	N/A		· · · · · · · · · · · · · · · · · · ·	
City & State:	N/A	· · · ·	Zij	o Code:
Residence Address:	N/A			
City & State:	N/A		Zip Code: <u>N</u>	<u>′A</u>
Home Phone:	N/A	I	Business Phone:_	N/A
Mailing Address preference: [] B	usiness Address [X] Residence Other or []	other:	
Minority Identification Code:	<u> </u>			
 []IF (American Indian Female) []AF (Asian Female) [X BF (Black Female) []HF (Hispanic Female) []WF (White Female) 	[]AM (Asi []BM (Bla []HM (His []WM (Whi	nerican Indian Male) ian Male) ack Male) spanic Male) te Male)		
Part III: COMMISSIONER CO	MMENTS			
Appointment to be made at BCC Me *When a person is being consider disclosed voting conflicts shall be	ed for re-appointmer			y
Number of previously disclose	d voting conflicts.			

Signature:_____

Date:_____