**CPPC Letter-of-Certification and Policy Committee Membership for \_\_\_\_Type in agency name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This **Letter-of-Certification** is to inform you that type in agency name \_\_Policy Committee has **elected** its Parent Delegate and Alternate to serve on the Chicago Citywide Parent Policy Council for the term of office beginning January 1,,YYYY through December 31,,YYYY . **These parents were elected on \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_ .**

**The delegate has served year(s) and the alternate has served year(s) on the Citywide Parent Policy Council.**

|  |  |
| --- | --- |
| **Type in current program year Elected Delegate** | **Type in current program year Elected Alternate** |
| Name/ID #:  | Name/ID#:  |
| Address/Apt.#:  | Address/Apt.#:  |
| Zip Code:  | Zip Code:  |
| Contact Number:  | Contact Number:  |
| Name of Child(ren) enrolled in the program/ID #:  | Name of Child(ren) enrolled in the program/ID#:  |
| Email:  | Email:  |
| Site Name/Address:  | Site Name/Address:  |
| Site Telephone Number:  | Site Telephone Number:  |
| Site Director:  | Site Director:  |
| Program Option: HS \_\_\_\_\_ EHS \_\_\_\_ EHS-CCP \_\_\_\_ EHS EXP \_\_\_\_  | Program Option: HS \_\_\_\_\_ EHS \_\_\_\_ EHS-CCP \_\_\_\_\_ EHS EXP \_\_\_\_\_  |

 \_\_\_\_\_/\_\_\_\_\_/20 \_\_\_\_\_/\_\_\_\_\_/20

CPPC Elected Delegate Signature\* Date CPPC Elected Alternate Signature\* Date

\**As CPPC Delegate and Alternate to DFSS’ CPPC, we certify that we are the parents/guardians of the above named child(ren) currently enrolled in the agency’s Head Start/Early Head Start Program.*

 \_\_\_\_\_/\_\_\_\_\_/20

Policy Committee Chairperson/Vice Chairperson\* Date

*\*As Policy Committee Chairperson/Vice-Chairperson, I certify that the above named parents were elected by the policy committee to serve as the agency’s parent representatives to CPPC.*

 \_\_\_\_\_/\_\_\_\_\_/20

Executive/Program Director/Policy Committee Support Staff\* Date

*\*As program staff, I certify that the elected CPPC representatives and elected Policy Committee parent members are parents/guardians of children currently enrolled in the agency’s Head Start and/or Early Head Start program.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_Type in agency name & program year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Committee Membership**

 **A quorum for this delegate agency’s policy committee is:\_\_\_\_\_\_\_.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Committee Member Name** | **Position** | **Program Option** | **Name of Child(ren) Enrolled in the Program** |
|  | **Chairperson** |  |  |
| **Chairperson Address/Zip Code/Contact Number/Email Address:**  |
|  | **Vice-Chairperson** |  |  |
|  | **Secretary** |  |  |
|  | **Assistant Secretary** |  |  |
|  | **CPPC Delegate** |  |  |
|  | **CPPC Alternate** |  |  |
|  | **Treasurer (optional)** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Member** |  |  |
|  | **Community****Representative** | **Organization****Affiliation** |  |
|  | **Community****Representative** | **Organization****Affiliation** |  |
|  | **Community****Representative** | **Organization****Affiliation** |  |