

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-CC ___	Program Option: HS ___ EHS ___ EHS-CC ___

_____/_____/20
 CPPC Elected Delegate Signature* Date

_____/_____/20
 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

(Name of Delegate Agency)

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		
	Member		
	Community Representative	Organization Affiliation	
	Community Representative	Organization Affiliation	
	Community Representative	Organization Affiliation	

