

Central California Migrant Head Start Policy Council Representative Confirmation

To: **Violeta Cuevas**
Email: vcuevas@stancoe.org
cc: Ismelda Cantu-Barrera
Email: icantu-barrera@stancoe.org
Fax# 238-4217

From: _____
Date: _____

Delegate Agency: _____

The following Representatives/Alternates will attend the Policy Council meeting on _____

Insert Date		
Check if new	Name	Representative/Alternate
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A

Representatives/Alternates Terminated:

If your Policy Committee has terminated a Representative or Alternate and has elected a new Representative/Alternate, please update the information on this form, and attach an updated **C/FS Delegate Policy Committee Data Form** (CF/P-8) with this fax/e-mail.

Note: This Confirmation Sheet needs to be faxed/e-mailed by 5:00 p.m. on the Wednesday prior to the Policy Council Meeting.