**FY2015 CFCE Local Advisory Council Sign-off Sheet**

Please submit this document in hard copy with original signatures of council members.  Upload a scanned copy of this document including original signatures with your grant application.  Please follow instructions on the Required Grant Forms section of the Online Application and the instructions in the Grant Application.

***In signing this grant application as an Advisory Council member, I agree with the following statements:***

1. I am aware of the FY2015 goals and priorities of this grant application, contributed to its development and intend to work towards implementing them.
2. I am aware of the policies and procedures of this grant application and will continue to be an informed Council member regarding any changes or requirements throughout FY2015.
3. I have read and understand Appendix I: Role and Responsibilities.

**Any community member that would like to participate on the Council should be permitted to do so.**

**IF A REQUIRED MEMBER DOES NOT SIGN, PLEASE SUBMIT A WRITTEN EXPLANATION. IF A REQUIRED MEMBER IS NOT REPRESENTED ON THE COUNCIL, SUBMIT AN ACTION PLAN FOR FY2015 RECRUITMENT.**

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| --- | --- | --- | --- | --- | --- |
| **Name and Agency (print)** | **Role/Position** | **Contribution/Benefit to Council** | **Address and Phone Number** | **Signature** | **√ If Chair/ Co-Chair** |
|  | Parent of young child\* |  |  |  |  |
|  | Parent of young child\* |  |  |  |  |
|  | Parent of young child\* |  |  |  |  |
|  | Parent of young child\* |  |  |  |  |
|  | Lead Agency Representative\* |  |  |  |  |
| **Name and Agency (print)** | **Role/Position** | **Contribution/Benefit to Council** | **Address and Phone Number** | **Signature** | **√ If Chair/ Co-Chair** |
|  | Representative of Public School Early Childhood Department\* |  |  |  |  |
|  | Kindergarten Teacher |  |  |  |  |
|  | Representative of Parent -Child Home Program (if applicable)\* |  |  |  |  |
|  | Representative of Early Intervention\* |  |  |  |  |
|  | Representative of Public School Early Childhood Special Education |  |  |  |  |
|  | Provider of Early Education and Care\* |  |  |  |  |
|  | Provider of Early Education and Care\* |  |  |  |  |
|  | Family Child Care Provider\* |  |  |  |  |
|  | Representative of Out-of- School time program\* |  |  |  |  |
|  | Representative of Child Care Resource and Referral Agency (CCR&R)\* |  |  |  |  |
|  | Representative of Head Start/Early Head Start\* |  |  |  |  |
|  | Representative of Mental Health Consultation Grant Program |  |  |  |  |
|  | Representative of Children with Disabilities (Parent and\or agency)\* |  |  |  |  |
| **Name and Agency (print)** | **Role/Position** | **Contribution/Benefit to Council** | **Address and Phone Number** | **Signature** | **√ If Chair/ Co-Chair** |
|  | Children’s Librarian\* |  |  |  |  |
|  | Representative of local museum |  |  |  |  |
|  | Representative of Adult Basic Education |  |  |  |  |
|  | Representative of Family Literacy Program (if applicable) |  |  |  |  |
|  | Representative of Massachusetts Home Visiting Program (if applicable) |  |  |  |  |
|  | Representative of Higher Education |  |  |  |  |
|  | Representative of the Department of Children and Families area office |  |  |  |  |
|  | Representative of Social Service Agency |  |  |  |  |
|  | Representative of Business Community |  |  |  |  |
|  | Representative from Faith-Based Organization |  |  |  |  |
|  | Health Care Provider |  |  |  |  |
|  | Mental Health Care Provider |  |  |  |  |
|  | City/Town Official |  |  |  |  |

**\*Guidance regarding Required Members:**

* Council/Governance members should be representative of the racial, cultural, linguistic, and economic diversity of the community.
* “Provider of early education and care” can be an early education and care center based staff, a family child care provider, or a public school Early Childhood Coordinator.
* A “Parent” should NOT be a teacher, director, or family child care provider.
* An individual paid by the grant should NOT be the sole Chair of the Council.
* Advisory Council membership must include members inclusive of all towns/communities served by the grant.
* If the Council utilizes a subcommittee structure, each subcommittee should be represented on the council and described in the narrative question regarding governance.