



Dear Nominator:

The Early Learning Coalition of Miami-Dade/Monroe is requesting nominations for a representative of faith-based child care providers on the Coalition's Board of Directors.

Please nominate an individual from the faith-based providers who you feel would be a good representative of the faith-based providers as a whole. Self-nominations are permitted (please print the following):

Name of Person: _____

Private Business: _____

Mailing Address: _____

Phone Number: _____

E-mail applications to: lpna@elcmdm.org or send certified mail to: Early Learning Coalition of Miami-Dade/Monroe, 2555 Ponce de Leon Blvd. /5th Floor, Coral Gables, FL 33134 **along with a copy of CV no later than April 18, 2011.**



**Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership
Questionnaire**

The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant's Name: _____
(Including name commonly used, please print)

2. Current Employer: _____

3. Current Occupation: _____

4. Are you applying for a second term?: Yes No

5. Is this the first time you have applied to this Board? Yes No

6. *Sex: Male Female

7. *Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.

Applicants Email Address _____

Applicants Cellular Telephone Number _____

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.

The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

1. Business Address: _____

STREET

OFFICE #

CITY

POST OFFICE BOX

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

2. Residence Address: _____

STREET

CITY

COUNTY

POST OFFICE BOX

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence Fax # _____

3. Since what year have you been a continuous resident of Florida? _____

4. Education

A. High School: _____ Year Graduated: _____

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION

DATES ATTENDED

CERTIFICATES/DEGREES RECEIVED

5. Are you or have you ever been a member of the armed forces of the United States?

Yes No If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

DATE

PLACE

NATURE

DISPOSITION

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this position? Yes No

If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes No

If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this position:

8. A. Have you ever been elected or appointed to any public office in this state? Yes No
If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>OFFICE TITLE</u>	<u>DATE OF ELECTION OR APPOINTMENT</u>	<u>TERM OF OFFICE</u>	<u>LEVEL OF GOVERNMENT</u>
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B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: -----

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<u>MEETINGS ATTENDED</u>	<u>MEETINGS MISSED</u>	<u>REASON FOR ABSENCE</u>
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9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No

If "Yes", give details:

<u>DATE</u>	<u>NATURE OF VIOLATION</u>	<u>DISPOSITION</u>
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10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No
 If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE/CERTIFICATE</u>	<u>ORIGINAL</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
<u>TITLE & NUMBER</u>	<u>ISSUE DATE</u>		
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11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No

If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP</u> <u>TO AGENCY</u>
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12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes No

A. If yes, are you: For Profit Not for Profit Faith Based Other

B. Please list all services/programs for which you receive funding: _____

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes No

D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes No

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes No

F. Are you accredited by a recognized agency? Yes No

1. If yes, please list accrediting body: _____

2. Date of accreditation: _____

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes No

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):

1. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;

2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student's child's attendance; or

3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or

4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider's inaccurate reporting of a student's child's attendance; or

5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student's child's attendance; or

6. Failed to comply with the terms of the Coalition's School Readiness Provider Agreement.

7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider's license status, as recorded in the department's Child Care Information System, is "Revocation Action Pending," "Suspension Action Pending/Suspended," or "Closed."

8. A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider's accreditation status has expired or been rescinded.

13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
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14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
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15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain:

16. If required by law or administrative rule, will you file financial disclosure statements? Yes No

CERTIFICATION

I _____ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

Signature

Date

*Applicant must attach a resume or biography.

DRAFT