

**Committee Member Contact Sheet**

**Child Care Aware Region (or District) 11 Child Care Services Grant Programs Proposal Review Committee**

Please type or print clearly in ink.

<b>Your Name</b>		<b>Date</b>
<b>Address</b>		
<b>City</b>	<b>Zip Code</b>	<b>County You Will Be Representing</b>
<b>Phone</b>	<b>Email</b>	<b>County of Residence</b>

Please indicate the constituent group you will represent as a member of the Region \_\_\_\_\_ Child Care Services Grant Programs Advisory Committee. Check (✓) ONE only!

<b>Family Child Care Provider</b>	<b>Parent User of Child Care Services</b>
<b>Child Care Center Provider</b>	<b>School Age Care Provider</b>
<b>Health Services</b>	<b>Public Schools</b>
<b>Social Services</b>	<b>Regional Employer</b>
<b>Head Start</b>	
<b>Other (Specify:)</b>	

Please identify any affiliations, employment, or experiences that relate to your interest in and involvement as a member of this child care grant programs proposal review committee (i.e., employment and/or education related to the child care field, volunteer work related to child care or child development issues, number and ages of children, type[s] of child care used, etc.).

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**Briefly describe why you are interested in serving on the regional child care proposal review committee.**

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**Please identify any potential conflicts of interest you may have when reviewing grant proposals.**

**(NOTE: A conflict of interest does not make you ineligible for membership on the child care regional proposal review committee.)**

The following may help clarify how “conflicts of interest” should be handled: Proposal review committee members reviewing grant proposals who have a direct financial interest in the funding of a proposal may not provide a recommendation or participate in the ranking of that grant proposal. A direct financial interest includes, but is not limited to, enrollment of a child or other relative in the program, employment with the program, membership on the program’s board of directors and/or committees, or employment of a family member in or by the program.

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**Please return this completed application to:**

Child Care Aware Representative Name and Address