



## Certification of Governance and Leadership Capacity Screening

Grant Number: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

The signatures below attest that, consistent with the terms and conditions of the Notice of Award (NoA), our agency completed a screening of the governance and leadership capacity and developed a plan to address identified training needs.

\_\_\_\_\_

**Board Chair/Tribal Chair**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Policy Council Chair**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Head Start Director**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Early Head Start Director**

\_\_\_\_\_

**Date**