

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



ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
Program Management and Fiscal Operations