LOCAL PLANNING COUNCIL (LPC) COUNTY PRIORITIES REPORT FORM

Due Date. May 30 of Contract	Teal	
Please complete all information	as requested below.	
County Name	LPC Coordinator Name	Telephone Number
•	e priorities as indicated below have been prepa ion Code Sections 10485 and 10486 requireme	
•	o CDSS are still valid, no change is needed, ar ned for CSPP, CCTR-Infant Toddler, and CCTR	
•	revised for the previous year, and all three spre R-Infant Toddler, and CCTR School-Aged.	eadsheet(s) are
\square The LPC used Option 1 t	o establish Priority 3.	
$\ \square$ The LPC used Option 2 t	o establish Priority 3.	
$\ \square$ The LPC used Option 3 f	or Priority 3.	

SIGNATURES*

County Board of Supervisors Representative	Telephone Number	Date
County Superintendent of Schools Representative	Telephone Number	Date
Local Child Care Planning Council Chairperson	Telephone Number	Date

^{*}Instructions for Signatures: If the priorities previously submitted are still valid, only the LPC Chairperson signature is required. If revised priorities are being submitted, it is a local decision whether the changes are significant enough to require approval by the authorized representatives of the County Board of Supervisors and the County Superintendent of Schools, or whether they may be approved solely by the LPC Chairperson.