LOCAL PLANNING COUNCIL (LPC) COUNTY PRIORITIES REPORT FORM

Due Date: May 30 of Contract Year							
Please complete all information	on as requested below.						
County Name	LPC Coordinator Name	Telephone Number					
San Mateo	Jennifer Mayman	(650) 802-5647					

The LPC hereby certifies that the priorities as indicated below have been prepared and reviewed in accordance with Welfare Institution Code Sections 10485 and 10486 requirements. Please check off all boxes that apply.

The priorities	submitted to	CDSS are	still valid,	no change	e is need	ed, and all t	hree
spreadsheet(s	s) are attache	ed for CSF	PP, CCTR-I	nfant Todd	ller, and (CCTR Scho	ol-Aged.

\checkmark	The priorities have	been revised	for the	previous y	ear, and	d all three	spreadsheet(s)) are
	attached for CSPF	, CCTR-Infant	Toddler	, and CC	TR Scho	ol-Aged.		

The	LPC	used	Option	1	to	establish	Priority	/ 3
1110		asca	Option	- 1	LO	Colubiion	I HOTTE	, 0

- ✓ The LPC used Option 2 to establish Priority 3.
- ☐ The LPC used Option 3 for 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.