

The District Planning Council (DPC) – District Communications Advisory Council (DCAC)  
Governance Survey

**SIEC Member Info**

First Name:	
Last Name:	
District Number:	

Has the DCAC been formed?                      Yes      No

Has a Chairperson been identified?            Yes      No      Name of Chairperson:

Has a Vice-Chairperson been identified?    Yes      No      Name of Vice-Chairperson:

Has the DCAC been meeting quarterly?      Yes      No      If no, please indicate how often:

Does the District SIEC representative also serve on the DCAC?            Yes      No

Is each county in the District represented on the DCAC?                      Yes      No

Comments:

**District Communications Advisory Council (DCAC) Membership**

Member #1	Month/Year Appointed: <sup>1</sup>	Term 1 or Term 2: <sup>1</sup>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	
Member #2	Month/Year Appointed:	Term 1 or Term 2:	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	
Member #3	Month/Year Appointed:	Term 1 or Term 2:	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	
Member #4	Month/Year Appointed:	Term 1 or Term 2:	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	
Member #5	Month/Year Appointed:	Term 1 or Term 2:	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<sup>1</sup> Each county representative is appointed for a 1-year term, with a 1-year reappointment option, at which point a new member will need to be selected.

<b>Member #6</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #7</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #8</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #9</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #10</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #12</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #13</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	

<b>Member #14</b>	<b>Month/Year Appointed:</b>	<b>Term 1 or Term 2:</b>	
First Name:		Agency:	
Last Name:		Title/Position:	
County Represented:		District Number:	
Email Address:		Phone Number:	