

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 11, 2019

Name: David Taylor

Are you representing: Yourself \_\_\_\_\_ Organization

Organization (If Applicable): Dayton Early College Academy

Position/Title: Deputy Superintendent

Address: 300 College Park

City: Dayton State: Ohio Zip: 45469

Best Contact Telephone: 937-414-7974 Email: dtaylor@daytonearlycollege.org

Do you wish to be added to the committee notice email distribution list? Yes  No \_\_\_\_\_

Business before the committee

Legislation (Bill/Resolution Number): HB 166

Specific Issue: Quality Community School Support

Are you testifying as a: Proponent  Opponent \_\_\_\_\_ Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes \_\_\_\_\_ No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Less than 5 minutes

Please provide a brief statement on your position:

Our organization supports the Quality Community School Support provision.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*