



**Commonwealth of Virginia
Workforce Innovation and Opportunity Act**

**NOMINATION FORM A
Local Workforce Development Board**

1-Name (First, MI, Last)		2-LWDA #	3-Date
4-Street Address		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City	6-County		
7-State Virginia	8-ZIP		
9-Home Phone (include area code)	10-Work Phone (include area code)		
11-FAX	12-E-Mail		
15-LWDA Name		14-Recommended for (see section number) 16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17- Private Sector (Business) <input type="checkbox"/> 18- Title II AELA Provider <input type="checkbox"/> 19- Economic Development <input type="checkbox"/> 20- VEC <input type="checkbox"/> 21- Community College" <input type="checkbox"/> 22- VDARS <input type="checkbox"/> 23- Career & Technical Education <input type="checkbox"/> 24- Optional/ Other <input type="checkbox"/>	
16-Labor/ CBO/ Apprenticeship Representative		<input type="checkbox"/> Yes <input type="checkbox"/> No Minority-Owned Business <input type="checkbox"/> <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____	
_____ <i>Title Organization</i>			
17-Private Sector (Business) Representative			
Title _____ Business _____ Type of Business _____			
18- Title II AELA Representative		21-Community College Representative	
Title _____ Institution _____		Title _____ Institution _____	
19-Economic Development Representative"		22-VDARS Representative	
Title _____ Affiliation _____		Title _____	
20-VEC Representative		23-Career & Technical Education Representative	
Title _____		Title _____ Affiliation _____	
25-Nominator		44/Or v k p c n f Q v j g t T g r t g u g p w v k g	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i> _____ <i>Signature Date</i> _____ <i>Printed/Typed Name & Title of Nominator</i> _____ <i>Nominator Organization</i> _____ Phone _____ FAX _____ E-Mail _____		Title _____ Affiliation _____	
		26-Action by Chief Local Elected Official	
		Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials. Term of Appointment: From _____ To _____ _____ <i>Signature of Chief Local Elected Official Date</i>	