



**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		<table style="width:100%; border:none;"> <tr> <td style="width:80%;"></td> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> </tr> <tr> <td>Minority-Owned Business</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Female-Owned Business</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Number of Employees _____</td> <td></td> <td></td> </tr> </table>			Yes	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 _____		
	Yes			No														
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Number of Employees _____																		
Title _____ Organization _____																		
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		24/QR Representative																
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i> _____ <i>Signature</i> <i>Date</i>		Title _____ Affiliation _____																
_____ <i>Printed/Typed Name & Title of Nominator</i>		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</i> <i>Date</i>																
_____ <i>Nominator Organization</i>																		
_____ <i>Phone</i> <i>FAX</i>																		
_____ <i>E-Mail</i>																		