



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

**NOMINATION FORM A  
Local Workforce Development Board**

<b>1-Name</b> (First, MI, Last)		<b>2-LWDA #</b>	<b>3-Date</b>
<b>4-Street Address</b>		<b>13-Nominee Characteristics</b> 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"/>	
<b>5-City</b>	<b>6-County</b>		
<b>7-State</b> Virginia	<b>8-ZIP</b>		
<b>9-Home Phone</b> (include area code)	<b>10-Work Phone</b> (include area code)		
<b>11-FAX</b>	<b>12-E-Mail</b>		
<b>15-LWDA Name</b>		<b>14-Recommended for</b> (see section number) <b>16-</b> Labor/ CBO/ Apprenticeship <input type="checkbox"/> <b>17-</b> Private Sector (Business) <input type="checkbox"/> <b>18-</b> Title II AELA Provider <input type="checkbox"/> <b>19-</b> Economic Development <input type="checkbox"/> <b>20-</b> XGE <input type="checkbox"/> <b>21-</b> Ego o wpk( "Eqmgi g" <input type="checkbox"/> <b>22-</b> VDARS <input type="checkbox"/> <b>23-</b> Career & Technical Education <input type="checkbox"/> <b>24-</b> Optional/ Other <input type="checkbox"/>	
<b>16-Labor/ CBO/ Apprenticeship Representative</b>		<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>			
<b>17-Private Sector (Business) Representative</b>			
Title _____ Business _____ Type of Business _____			
<b>18- Title II AELA Representative</b>		<b>21-Community College Representative</b>	
Title _____ Institution _____		Title _____ Institution _____	
<b>19-Economic Development Representative"</b>		<b>22-VDARS Representative</b>	
Title _____ Affiliation _____		Title _____	
<b>20-VEC Representative</b>		<b>23-Career &amp; Technical Education Representative</b>	
Title _____		Title _____ Affiliation _____	
<b>25-Nominator</b>		<b>44/Qr vkwpcnfQvj gt "Tgr t gupw vkg</b>	
<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 &amp; Title of Nominator</i> _____ <i>Nominator Organization</i> _____ Phone _____ FAX _____ E-Mail _____		Title _____ Affiliation _____	
		<b>26-Action by Chief Local Elected Official</b>	
		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 for 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>	