



**Attachment 4: Local Workforce Development Board Individual Nomination Form**

\_\_\_\_\_ Workforce Development Board

**Instructions for Completion:**

Please provide the information below. All fields are required unless otherwise noted. If you have any questions, please reach out to the local workforce development board.

**Nominating Entity Information**

Name of Nominating Entity: \_\_\_\_\_

Address of Nominating Entity: \_\_\_\_\_

Name of Nominating Individual: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Nominee Information**

Name of Individual being Nominated: \_\_\_\_\_

Nomination Category: \_\_\_\_\_

Nominee's Title: \_\_\_\_\_

Nominee's Employer: \_\_\_\_\_

(Optional) Nominee's Address: \_\_\_\_\_

(Optional) Nominee's Telephone Number: \_\_\_\_\_

(Optional) Nominee's Email Address: \_\_\_\_\_

**Attestation**

By checking this box, you are attesting that the individual you are nominating has optimum policy making or hiring authority within their employer. Optimum policymaking is defined as: Is an individual who can reasonably be expected to speak affirmatively on behalf of the entity he or she represents and to commit that entity to a chosen course of action.

**\*\*For nominees in the Business or Small Business category only\*\***

Description of how a nominee's business provides employment opportunities that, at a minimum, include high-quality, work-relevant training and development in in-demand industry sectors or occupations in the local workforce area:

**Signature of the Nominating Individual:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

For Local Use Only