

# **NOMINATION FORM**

## Region VI Workforce Investment Board



Please send a copy to: Region VI Workforce Investment Board, 109 Adams St. Suite 140, Fairmont WV 26554

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (*First, MI, Last)***  **Pratt, Judy R.** | | **Local Workforce Investment Area**  Region VI | | | **Date** |
| **Street Address**  **1000 Mississippi St.** | | | | **Recommended for** *(see section)*  a. Community Based Org. (CBO) \_\_\_\_  b. Private Sector (Business) \_\_\_\_  c. Education \_X\_\_  d. Economic Development \_\_\_\_  e. Organized Labor \_\_\_\_  f. One-Stop Partner \_\_\_\_  Other \_\_\_\_ | |
| **City**  **Morgantown** | **County**  **Monongalia** | | |
| **State**  **WV** | **ZIP**  **26501** | | |
| **Home Phone (*include area code)*** | **Work Phone (*include area code)***  **304-291-9240** | | |
| **FAX**  **304-291-9247** | **E-Mail**  **jrpratt@access.k12.wv.us** | | | Nomination  * New   X Reappointment | |
| Physical Location of Organization Morgantown, WV | | | |
| **a. CBO Representative**  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **b. Private Sector (Business) Representative**    Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **c. Education Representative**    Title \_\_\_Business and Industry Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution \_\_Monongalia County Schools\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local Ed. \_\_\_\_\_ Post Secondary \_\_\_\_\_ Voc Ed. \_\_\_\_\_ | | | **e. Organized Labor Representative**  (Please Specify local labor council or building and trades council of affiliation)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **d. Economic Development Representative**    Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **f. One-Stop Partner Representative**  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency/Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Nominator**  *I hereby recommend the above named person for membership on the Local Workforce Investment Board for Region VI service area.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed/Typed Name & Title of Nominator  Marion County Chamber of Commerce  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator Organization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone FAX  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail | | | **Action by Local Elected Official**  Subject to certification required by Section 117 of the Workforce Investment Act of 1998, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials of Region VI.  Term of Appointment: FROM \_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Chief Local Elected Official Date | | |
| Certification of Local Elected Official Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Chair Date | | |