

Nomination Form Instructions

1. Date Enter the date of nomination in the MM/DD/YY format.
2. LWIA # Enter the number assigned to the Local Workforce Innovation Board by the state.
3. Nominating Entity Name Enter the name of the nominating organization.
4. Contact Person Enter the name of the contact person for the nominating organization.
5. Contact Person Phone Enter the phone number of the nominating organization, including area code.
6. Nominated Individual's Name Enter the first and last name of the person being nominated.
7. Nominated Individual's Organization Enter the name of the organization the nominated individual is representing.
8. City/County Representing Enter the city or county the nominated individual is representing as directed in the LWIB Bylaws. Enter N/A if neither the city nor county are required information.
9. Signature of Contact Person The contact person nominating the member must sign the form.
10. Date Enter the date of the contact person's signature in the MM/DD/YY format.
11. Title of Contact Person Enter the title of the contact person.
12. Submission Instructions: The completed packet must be emailed to michael.baker@illinois.gov.