

**Lower Savannah Workforce Investment Area (LSWIA)
WORKFORCE DEVELOPMENT BOARD (WDB)**

COMMUNITY-BASED ORGANIZATION NOMINATION FORM

To assist designated agencies in making appropriate nominations by classification:

- A. **NOMINATING AGENCY:** Recognized State and local Community-Based Organizations
- B. These Nominating Agencies may only nominate those representing: **COMMUNITY-BASED ORGANIZATIONS**

RETURN TO: Jerry Beck (jbeck@lscog.org)
 Business Services Representative
 Lower Savannah Council of Governments
 PO Box 850, Aiken, SC 29802-0850
Phone: **(803) 649-7981**

NOMINATING AGENCY: _____
{Board of Directors} _____

Phone: _____

Name, Home Address, Home Phone # & Home E-Mail (if possible)	BUSINESS INFORMATION		
	AGENCY NAME & JOB TITLE	BUSINESS MAILING ADDRESS	BUSINESS PHONE #, FAX # & E-MAIL

_____/_____
Printed Name, Title & Signature of Nominating Agency Representative {cannot be Nominee listed above} **Date**

NOTE: Return completed form to name and address above.
 Make additional copies of this form as needed.