

AGENCY NOMINATION FORM

Member Nomination to SDOT's Transportation Equity Workgroup

Please use the following form for agencies to nominate applicants for the Transportation Equity Workgroup. All responses below will need to be filled by the nominating community-based organization, group, coalition or network. Note that nominee's responses to application questions is also required.

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| Organization: |
| Address of organization: |
| Name of nominee: |

Nominee's affiliation with organization:

- Staff
- Volunteer
- Board Member
- Student
- Client
- Other: _____

Please provide a couple of sentences on the nominee's interest and qualifications for the Transportation Equity Workgroup:

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If your nominee is selected as a Transportation Equity Workgroup member and is unable to complete the one-year term commitment, who does the agency nominate as the alternative workgroup member?

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| Name of alternative nominee: |
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Alternative nominee's affiliation with organization:

- Staff
- Volunteer
- Board Member
- Student
- Client
- Other: _____

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| Nominees nominated by: |
| Position: |
| Organization: |
| Telephone Number: |
| Email: |

I confirm that the agency nominates and supports this individual's application for participation on the Transportation Equity Workgroup.

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| Signature: | Date: |
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