

FaDSS Council Member Nomination Form

Name of person that is submitting the nomination: _____

1. Name of candidate that you are nominating for membership:

2. Position that you are nominating them for:
 - a. Business Representative
 - b. Consumer Representative
 - c. Consumer Representative who is a member of racial or ethnic minority
 - d. Domestic Violence Representative

3. Please share the reason why you think the candidate would make a good FaDSS Council member:

4. Do you have the candidate's permission to nominate them for membership?

YES

NO

For Nomination's Committee Use Only
(Review this form and the Candidate's Application)

1. Candidate has given permission to be nominated?
YES NO

2. Candidate has experience/interest regarding issues facing low income lowans?
YES NO

3. Candidate has experience in serving on a board, council or commission?
YES NO

4. Candidate can represent the constituency group designated?
YES NO

Other comments: