



Commonwealth of Virginia
Workforce Investment Act

NOMINATION FORM A
Local Workforce Investment Board

1-Name (First, MI, Last) William Marshall Price		2-LWIA # 4	3-Date 08-11-14
4-Street Address 2403 Massanetta Springs Road		13-Nominee Characteristics	
5-City Harrisonburg	6-County Rockingham	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
7-State Virginia	8-ZIP 22801	Race:	
9-Home Phone (include area code) (540) 433-1569	10-Work Phone (include area code) (540) 434-5961	White <input checked="" type="checkbox"/> Black <input type="checkbox"/>	
11-FAX (540) 434-1402	12-E-Mail mprice@rockingham.k12.va.us	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWIA Name Shenandoah Valley Workforce Investment Board, Inc.		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
16-CBO Representative		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Director <i>Title</i>		Massanutten Technical Center <i>Organization</i>	
17-Private Sector (Business) Representative		14-Recommended for (see section number)	
Title <u>Director</u>		16-Community-Based Organization (CBO) <input type="checkbox"/>	
Business <u>Massanutten Technical Center</u>		17-Private Sector (Business) <input type="checkbox"/>	
Type of Business <u>Vocational Education</u>		18-Education <input checked="" type="checkbox"/>	
		19-Economic Development <input type="checkbox"/>	
		20-Organized Labor <input type="checkbox"/>	
		21-One-Stop Partner <input type="checkbox"/>	
		22-Other <input type="checkbox"/>	
18-Education Representative		Yes No	
Title <u>Director</u>		Minority-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/>	
Institution <u>Massanutten Technical Center</u>		Female-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/>	
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input checked="" type="checkbox"/>		Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
19-Economic Development Representative		Number of Employees _____	
Title _____			
20-Organized Labor Representative			
Title _____			
Institution _____			
Affiliation _____			
21-One-Stop Partner Representative			
Title _____			
Partner/Entity _____			
22-Other Representative			
Title _____			
Agency _____			
23-Nominator		24-Action by Chief Local Elected Official	
<i>I hereby recommend the above-named person for membership on the Local Workforce Investment Board.</i>		Subject to certification required by Section 117 of the Workforce Investment Act of 1998 and Policy 99-2 of the Virginia Workforce Council, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials.	
<u>8/12/14</u>		Term of Appointment: From _____ To _____	
<i>Signature</i> _____ <i>Date</i> _____		_____	
W. Marshall Price, Director		<i>Signature of Chief Local Elected Official</i> _____	
<i>Printed/Typed Name & Title of Nominator</i>		_____	
Massanutten Technical Center		<i>Date</i> _____	
<i>Nominator Organization</i>			
(540) 434-5961 (540) 434-1402			
<i>Phone</i> _____ <i>FAX</i> _____			
mprice@rockingham.k12.va.us			
<i>E-Mail</i> _____			