

Board, Commission, or Committee Interest Application

Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records.

Thank you for your interest in serving the State of Nevada.

Please submit your interest application to the Department of Health and Human Services (DHHS), Grants Management Unit (GMU).

via email at gmu@dhhs.nv.gov

or by mail: 4126 Technology Way, Ste 100
Carson City, NV 89706

If you choose to submit your interest application via email, please ensure the email subject line reads as follows:

Name of Board, Commission, or Committee that you are applying for, Last Name, First Name
Example: Something Advisory Committee, Doe, Jane

Following the submission of your interest application, please allow up to 4 weeks for your application to be processed and reviewed by the Director's Office, Grants Management Unit. You will be notified (via email/mail/phone) once an appointment decision has been made.

Please send any questions or suggestions to the GMU email at gmu@dhhs.nv.gov

Name of Board, Commission, or Committee: Grants Management Advisory Committee

Why do you want to serve on this board, commission, or committee?

Which seat are you applying to? Please be specific:

Please describe your qualifications for the seat you are applying for. If you need more room, please attach an additional document.

Please provide a brief summary/listing of your experience, education, and achievements. It is helpful if you highlight any experience that is relevant to the board, commission, or committee for which you are applying. If you need more room, please attach an additional document.

Basic Information

First Name:

Last Name:

Preferred Name:

Have you ever been known by any other legal name? If yes, please list.

Contact Information

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Home Phone Number:

Cell Phone Number:

Email Address:

Education:

Highest Level of Education Received:

Name of School:

Have you graduated? Yes No

Year Graduated or Year of Expected Graduation:

Degree Title:

Employment Status

Please provide your current employment status (full-time, part-time, self-employed, retired, unemployed):

Present Employer (If you are Retired or your current employment status is unemployed, please list your most recent employer):

Job Title (If you are Retired or your current employment status is unemployed, please list your most recent job title):

Personal Information

Race/Ethnicity: African American American Indian
 Asian American Caucasian
 Hispanic/Latino Multi-Race/Ethnicity

Are you a Nevada resident? Yes No

Length of residence in Nevada:

If you are not a Nevada resident, which state are you a resident of?

Which county do you reside in:

Are you an active member of the Armed Forces or a Veteran? Yes No

Please list Professional Licenses including dates of issuance:

Additional Questions

Have you been a registered lobbyist, or have you employed a lobbyist at any time during the past five years?

Yes No

Are you aware of any conflict of interest that might result from your appointment:

Yes No

If yes, please explain:

Do you serve on any local or state board, commission, council, authority, or in any elected office?

Yes No

If yes, please explain:

Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked, or modified?

Yes No

If yes, please explain:

Is there anything in your personal or professional life that would cause controversy for you or the board, commission, or committee you are expressing interest serving on? Yes No

If yes, please explain: