NACo National Association of Counties
The Voice of America's Counties

2009-2010 Steering Committee

Nomination Form

This steering committee nomination and the grassroots information forms should be completed and sent to the executive director of your state association of counties. **Appointments are made after the NACo Annual Conference.** You may serve on only ONE steering committee and must be from a NACo member county. **Only eight individuals from any state (including up to two from any one county) can serve on a particular committee.** (Please indicate your first choice with #1 and second with #2.) NACo will notify you of your appointment in September.

○ **Agriculture & Rural Affairs**	○ **Health**	○ **Public Lands**
○ **Community & Economic Development**	○ **Human Services & Education**	○ **Telecommunications & Technology**
○ **Environment, Energy & Land Use**	○ **Justice & Public Safety**	○ **Transportation**
○ **Finance and Intergovernmental**	○ **Labor and Employment**	

○ Mr.
○ Ms.
○ Mrs.

FirstName **LastName** **Suffix**

Job Title

County

Address

City **State** **Zip** -

PhoneNumber . . **Fax** . .

EMail Address

1. If an elected official, date county term expires: / (MM/YYYY)

2. How long have you held this office? (years)

3. Political Affiliation: ○ Democrat ○ Republican ○ Non Partisan ○ Independent ○ Other

4. Are you reasonably free to travel? ○ Yes ○ No

5. Have you ever served on a NACo steering committee? ○ Yes ○ No

FEDERALCONTACTS:

As a steering commitee member, you will participate in formulating national county policy and are also responsible for advocating NACo positions before federal officials.

Please complete the attached form identifying your contacts with members of Congress. This information wll assist NACo in its lobbying efforts. You may be asked a few times during the year to talk with your contact on behalf of a NACo legislative issue. The information you provide to us remains confidential and is for NACo's internal use only.

You will not be appointed to serve on a steering committee until you complete and return this form. If you do not have any contacts, please state that on the form. Information provided will not affect your appointment.

TO BE COMPLETED BY STATE ASSOCIATION

The State Association President and NACo Board Members from the state concur with this nomination.

Signature **Date**

NACo Grassroots Contact Information

NACo is continuing to collect "grassroots" information about our county officials and their relationships with Members of Congress. This data is essential for our lobbying efforts with Congress. This information will be used by NACo staff **ONLY**, and will **NOT** be available to the general public. **Please return this to NACo, 25 Massachusetts, Ave., Washington, D.C. 20001-1430. Please return this with your steering committee nomination form.**

Please provide the following information about yourself:

○ Mr.
○ Ms.
○ Mrs.

FirstName **LastName** **Suffix**

JobTitle

County

Address

City **State** **Zip** -

PhoneNumber . . **Fax** . .

EMailAddress

For every Senator and Representative you have a "relationship" with in Congress, please supply us with the following information:

Member of Congress: **FirstName** **LastName**

We know you may be acquainted with every Member of your state's congressional delegation, but we need to collect information about each of your relationships.

Type of Relationship: ○ **Political** ○ **Business** ○ **Personal** ○ **Other**

We are trying to establish how you know this Member of Congress. The assumption here is that certain types of relationships affect the efficacy of the contacts. Please fill in the one circle that you believe most accurately describes the type of relationship you have with this Member of Congress.

Strength of the Relationship: ○ **Close** ○ **Acquaintance** ○ **Distant**

We are trying to establish how "close" you are to a Member. This information will be used in concert with the relationship information to establish your "contact profile" with each Member you know.

Additional Information:

If you can tell us something about your relationship with this Member, we can use this information in conjunction with the other data you have provided to assist us in determining how our county officials can best assist our lobbying efforts.

Please continue adding relationships on the next page. If you need additional forms, please let us know.

Additional Relationships:

FirstName LastName

Member of Congress:

Type of Relationship: ○ Political ○ Business ○ Personal ○ Other

Strength of the Relationship: ○ Close ○ Acquaintance ○ Distant

Additional Information:

FirstName LastName

Member of Congress:

Type of Relationship: ○ Political ○ Business ○ Personal ○ Other

Strength of the Relationship: ○ Close ○ Acquaintance ○ Distant

Additional Information:

FirstName LastName

Member of Congress:

Type of Relationship: ○ Political ○ Business ○ Personal ○ Other

Strength of the Relationship: ○ Close ○ Acquaintance ○ Distant

Additional Information:

FirstName LastName

Member of Congress:

Type of Relationship: ○ Political ○ Business ○ Personal ○ Other

Strength of the Relationship: ○ Close ○ Acquaintance ○ Distant

Additional Information: