

Texas Council for Developmental Disabilities

Project Advisory Committee Nomination Form

Organization:

RFP Project Title:

Note: cells will expand as needed

Nominees (8-12 individuals) Please include: Name Address Phone Number	Membership Category: 1. Self Advocate or Family Member 2. Expert in Field 3. Key Cooperating Agency 4. Licensing Entity 5. Potential Future Funding Source 6. Individuals who can influence in diverse areas	Describe what each person brings to this committee (e.g. life experience, job related, etc).
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		

Signature: _____
Project Director

Date Submitted: _____

Approved: _____
TCDD

Date Approved: _____