

**SAMPLE**  
**ADVISORY COUNCIL INFORMATION BOOK**

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**SAMPLE TRANSMITTAL MEMO**

In Reply Refer To:

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Memorandum

To: Director

From: State Director, State Name

Subject: Recommendations for (Name of Advisory Council) Appointments

We are pleased to forward our recommendations for member appointments to the (Name of Council). We have strived to recommend nominees that will provide a balanced committee that reflects the wide variety and geographical spread of public interests and opinions on land use and natural resources in the (Name of NCA or Monument).

The recommendations for the positions on the (Names of Council) are based on approximately \_\_ public nominations for the \_\_ vacancies. While a number of good nominees emerged, we fully endorse the recommendations of our managers.

All nominees have been involved in public land issues in their respective field of interest or profession. The nominees have been interviewed and their qualifications and endorsements carefully checked and analyzed. Our recommendations reflect our professional judgment about the individuals who can best contribute to Council's effectiveness.

**For Each Advisory Council Provide:**

Name of Council

Number of positions to be filled

**State Director Recommendations: (2 nominees for each vacant position)**

<b>NOMINEE</b>	<b>CATEGORY OF INTEREST</b>	<b>ALTERNATE</b>

The requested information, nominee forms, and letters of reference for the recommended nominees are attached to this memorandum. Information on other nominees is also included.

If we can be of assistance please call (State Office Contact's name) in External Affairs, XXX-XXX-XXXX.

Attachments

**PROPOSED ADVISORY COUNCIL COMPOSITION**

**1. Proposed (Name of Council) Membership:**

NAME	CATEGORY OF INTEREST

**2. Proposed (Council Name) Membership (*if more than one NLCS Council in the State*)**

NAME	CATEGORY OF INTEREST

**INDIVIDUAL SUMMARY SHEET**

**PRIMARY CANDIDATE FOR (Category of Interest)**

Name & Address: \_\_\_\_\_

\_\_\_\_\_

Category of Interest: \_\_\_\_\_

Occupation: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Why \_\_\_\_\_

Recommended:

\_\_\_\_\_

Nominated by: \_\_\_\_\_

BLM permits, leases or licenses held: \_\_\_\_\_

**Name of Advisory Council**

**Background Information Nomination Form**

Name of Council(s) to be considered for:

Nominee's Full Name:

Business Address: \_\_\_\_\_ Home Address:

Business Phone: \_\_\_\_\_ Home Phone:

Occupation/Title:

Education - (colleges, degrees, major field of study):

Career Highlights - (significant related experience, civic and professional activities, elected offices, prior advisory committee experience or career achievements related to the interest to be represented):

Qualifications - (education, training and/or experience):

\_\_\_\_\_

Experience related to or knowledge of the National Monument or National Conservation Area:

Experience in working with disparate groups to achieve collaborative solutions (e.g., civic

organizations, planning commissions, school boards):

Indicate Area of Interest to be Represented - (if applicable, list areas of interest specified in legislation, Secretarial direction, or management plan):

Indicate any BLM permits, leases or licenses held:

Nominated by:

Name Address, and Phone Number:

***Attach required Letters of References from interests or organizations to be represented***

Privacy Act Statement:

The authority to request this information is contained in 5 U.S.C. 301, the Federal Advisory Committee Act, and Part 1784 of Title 43, Code of Federal Regulations. It is used by the appointment officer to determine education, training, and experience related to possible service on an Advisory Council of the Bureau of Land Management. If you are appointed as an advisor, the information will be retained by the appointing official as long as you serve. Otherwise, it will be destroyed or returned (if requested) within 60 days following announcement of the Council appointments. Completion of this form is voluntary. However, failure to complete any or all items will inhibit fair evaluation of your qualifications, and could result in you (or your nominee) not receiving full consideration for appointment.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOMINATION LETTERS/SUPPORT DOCUMENTS**  
**(HARD COPY)**

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**OTHER**  
**CANDIDATES**

**Include Copies of Documents Submitted by**  
**Other Candidates**