

Review Panel Nomination Form

City of Dallas, Office of Cultural Affairs, 1925 Elm Street, Suite 500, Dallas, TX 75201

Name of Person Nominated:	
Title:	Organization:
Mailing Address:	City:
	State: Zip Code:
Business Phone:	Other Phone:
Fax:	E-mail:
The following information is needed to insure that all Panels have cultural and gender diversity.	Select the areas of expertise of the nominee:
The nominee's appropriate category:	<input type="checkbox"/> Arts Administration/Community Arts
<input type="checkbox"/> African American	<input type="checkbox"/> Cultural/Heritage Preservation
<input type="checkbox"/> Asian	<input type="checkbox"/> Dance (all forms)
<input type="checkbox"/> Latino	<input type="checkbox"/> Folk Arts
<input type="checkbox"/> Native American	<input type="checkbox"/> Humanities
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Literature
<input type="checkbox"/> White, Non-Latino	<input type="checkbox"/> Media Arts (film, audio, video)
<input type="checkbox"/> Other	<input type="checkbox"/> History/Science Museum
	<input type="checkbox"/> Visual Arts/Fine Arts Museum
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Music
	<input type="checkbox"/> Opera/Musical Theatre
	<input type="checkbox"/> Theatre
	<input type="checkbox"/> Visual Arts (all medium, incl. photography)
Select the program panels you feel the nominee is qualified to serve on:	<input type="checkbox"/> Multi-disciplines
<input type="checkbox"/> Cultural Organization Program	<input type="checkbox"/> Other:
<input type="checkbox"/> Cultural Tourism	
<input type="checkbox"/> Cultural Projects Program	
<input type="checkbox"/> Neighborhood Touring Program	
	PLEASE ATTACH RESUME

<input type="checkbox"/> Self Nominated or	
<input type="checkbox"/> Nominated by:	
Name:	
Address:	
City: St: Zip Code:	
Business Phone:	Other Phone:
I have spoken with the nominee and he/she consented to serve on a panel, if selected during the Funding Reviews in 2008. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments:	
Date Submitted:	

E-mail to charla.sanderson@dallascityhall.com or fax to Charla Sanderson at 214.670.1404.