

Attachment 2

Tribal Advisory Workgroup: Nomination Form

Tribes Only: Please nominate one to two individuals to represent Tribal leadership in your geographic region and one individual to represent Tribal health programs. You may also nominate one individual from a Tribe non-indigenous to California and one individual from a non-federally recognized Tribe.

Your Tribal Affiliation(s): _____

Your Region: _____

Regional Tribal Leadership Nomination(s): Name, Tribal Affiliation

1. _____;

2. _____;

Tribal Health Program Nomination: Name, Tribal Affiliation

1. _____;

Member, Tribe Non-Indigenous to California Nomination: Name, Tribal Affiliation

1. _____;

Member, Non-Federally Recognized Tribe Nomination: Name, Tribal Affiliation

1. _____;

Urban Health Programs Only: Please nominate one individual to represent Northern California Urban health programs and one individual to represent Southern California urban health programs.

Urban Health Program, Northern California Nomination: Name, Organization

1. _____;

Urban Health Program, Southern California Nomination: Name, Organization

1. _____;