Unofficial Nomination Form  
Project Number and Project/Drafting Team Name

**Do not** use this form for submitting nominations. Use the [electronic form] to submit nominations by **8 p.m. Eastern, [Date].** This unofficial version is provided to assist nominees in compiling the information necessary to submit the electronic form.

Additional information about this project is available on the [Project number and name w/link to project page] page. If you have questions, contact [Title], [Developer name w/email link] (via email), or at [Phone number].

By submitting a nomination form, you are indicating your willingness and agreement to actively participate in face-to-face meetings and conference calls.

Previous drafting or review team experience is beneficial, but not required. A brief description of the desired qualifications, expected commitment, and other pertinent information is included below.

[Project Number and Name]   
The purpose of this project…

**Standards affected:**

[Developer to provide additional info here]

The time commitment for these projects is expected to be up to two face-to-face meetings per quarter (on average two full working days each meeting) with conference calls scheduled as needed to meet the agreed-upon timeline the review or drafting team sets forth. Team members may also have side projects, either individually or by subgroup, to present to the larger team for discussion and review. Lastly, an important component of the review and drafting team effort is outreach. Members of the team will be expected to conduct industry outreach during the development process to support a successful project outcome.

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| --- | --- | --- | --- |
| Name: |  | | |
| Organization: |  | | |
| Address: |  | | |
| Telephone: |  | | |
| E-mail: |  | | |
| Please briefly describe your experience and qualifications to serve on the requested Standard Drafting Team (Bio): | | | |
| **If you are currently a member of any NERC drafting team, please list each team here:**  Not currently on any active SAR or standard drafting team.  Currently a member of the following SAR or standard drafting team(s): | | | |
| **If you previously worked on any NERC drafting team please identify the team(s):**  No prior NERC SAR or standard drafting team.  Prior experience on the following team(s): | | | |
| **Acknowledgement that the nominee has read and understands both the *NERC Participant Conduct Policy* and the *Standard Drafting Team Scope* documents, available on NERC Standards Resources.**  Yes, the nominee has read and understands these documents. | | | |
| Select each NERC Region in which you have experience relevant to the Project for which you are volunteering: | | | |
| MRO  NPCC  RF | | SERC  Texas RE   WECC | NA – Not Applicable |

|  |  |  |
| --- | --- | --- |
| **Select each Industry Segment that you represent:** | | |
|  | 1 — Transmission Owners | |
|  | 2 — RTOs, ISOs | |
|  | 3 — Load-serving Entities | |
|  | 4 — Transmission-dependent Utilities | |
|  | 5 — Electric Generators | |
|  | 6 — Electricity Brokers, Aggregators, and Marketers | |
|  | 7 — Large Electricity End Users | |
|  | 8 — Small Electricity End Users | |
|  | 9 — Federal, State, and Provincial Regulatory or other Government Entities | |
|  | 10 — Regional Reliability Organizations and Regional Entities | |
|  | NA – Not Applicable | |
| Select each Function**[[1]](#footnote-1)** in which you have current or prior expertise: | | |
| Balancing Authority  Compliance Enforcement Authority  Distribution Provider  Generator Operator  Generator Owner  Interchange Authority  Load-serving Entity  Market Operator  Planning Coordinator | | Transmission Operator  Transmission Owner  Transmission Planner  Transmission Service Provider  Purchasing-selling Entity  Reliability Coordinator  Reliability Assurer  Resource Planner |

|  |  |  |  |
| --- | --- | --- | --- |
| Provide the names and contact information for two references who could attest to your technical qualifications and your ability to work well in a group: | | | |
| Name: |  | Telephone: |  |
| Organization: |  | E-mail: |  |
| Name: |  | Telephone: |  |
| Organization: |  | E-mail: |  |
| Provide the name and contact information of your immediate supervisor or a member of your management who can confirm your organization’s willingness to support your active participation. | | | |
| Name: |  | Telephone: |  |
| Title: |  | Email: |  |

1. These functions are defined in the NERC [Functional Model](http://www.nerc.com/pa/Stand/Functional%20Model%20Advisory%20Group%20DL/FMAG_Inf_Functional%20Model%20v6%20(clean).pdf), which is available on the NERC web site. [↑](#footnote-ref-1)