

# South Dakota Arts Council Grant Review Panelist Nomination Form

Please check the option that best describes this nomination and provide the the requested information.

- SELF-NOMINATION:** I am interested in and willing to serve on a grant review panel. I understand the responsibilities of a panelist and the time commitment and agree to complete my duties by the assigned deadlines if selected.
- NOMINATING ANOTHER PERSON:** I, \_\_\_\_\_ of  
[Nominator's First and Last Name]  
\_\_\_\_\_, SD, have spoken with the nominee, who understands the responsibilities  
[Nominator's Town]  
of a panelist and the time commitment and agrees to complete the duties by the assigned deadlines if selected.

## NOMINEE INFORMATION

Name

Address

City

State

Zip

Phone (Please list the best contact number)

Email (Please list the best email address)

Place of work/Organization

Position/Title

## NOMINEE DEMOGRAPHICS

The South Dakota Arts Council strives to build grant review panels that are balanced in many ways. In order to develop a panel that reflects South Dakota's diverse populations, cultures and citizens, we request information on the Nominee's background. This data will be viewed by Arts Council staff and may be reported in cumulative form without identifying characteristics. The questions below are optional, but completion is appreciated.

### GENDER

- Male  
 Female  
 Other/explain if desired

### AGE

- 18 - 24  
 25 - 45  
 46 - 64  
 65 +

Continues on next page

**NOMINEE DEMOGRAPHICS** (continued)

**ETHNIC BACKGROUND**

- |   |   |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander       | <input type="checkbox"/> Native American/Alaskan Native                 |
| <input type="checkbox"/> Black/African American       | <input type="checkbox"/> White/Not Hispanic                             |
| <input type="checkbox"/> Hispanic/Latino/Chicano      | <input type="checkbox"/> Multicultural (more than one category applies) |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Other/please explain                           |
- 

**DISABILITY**

- |  |   |
|--|---|
| <input type="checkbox"/> I have a disability                             | Please indicate special accommodations required |
| <input type="checkbox"/> I require special accommodations to participate |   |
- 

**NOMINEE EXPERTISE** (Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Film/Media Arts       | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Folk/Traditional Arts | <input type="checkbox"/> Theatre/Opera/Dance |
| <input type="checkbox"/> Literature            | <input type="checkbox"/> Visual Arts         |
| <input type="checkbox"/> Multi-Disciplinary    | <input type="checkbox"/> Arts Education      |

**NOMINEE EXPERIENCE** (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Artist                               | <input type="checkbox"/> Educator                    |
| <input type="checkbox"/> Arts Administration                  | <input type="checkbox"/> Nonprofit Finance/Budgeting |
| <input type="checkbox"/> Arts Presenting                      | <input type="checkbox"/> Other/please explain        |
| <input type="checkbox"/> Arts/Cultural Organization Volunteer |  |
- 

Please briefly describe the Nominee’s interest, experience and skills that would help in serving as a grant review panelist. (Limit your response to the space provided)

Please list all nonprofit organizations with which the Nominee would have a conflict of interest. (Limit your response to to the space provided)

**AGREEMENT:** I certify that the information on this form is true and correct. (Please sign and date)

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Signature & Title

Date

Please complete this form, scan, and submit via email to [Rebecca.Cruse@state.sd.us](mailto:Rebecca.Cruse@state.sd.us).  
Questions? Call the SDAC at 605-773-3301

You may instead mail to:  
South Dakota Arts Council  
711 East Wells Ave.  
Pierre, SD 57501-3369