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[Add AI/AN National Advisory Committee Group Letterhead]

[Add Address]

[Date]

David R. Wilson, Ph.D., Director

Tribal Health Research Office

Office of the Director, NIH

1 Center Drive

Building 1, Room 260

Bethesda, Maryland 20892

Dr. Wilson,

On behalf of the [**Add name of American Indian/Alaska Natives (AI/AN) National Advisory Committee Group]**, this letter is to nominate **[Nominee Name]** as a Delegate and **[Nominee Name]** as an Alternate to serve on the National Institutes of Health (NIH) National Tribal Advisory Committee (TAC) as members of National At-Large Member (NALM) with a term ending December 2022.

I hereby affirm, **[Delegate Name]** and **[Alternate Name]** are either an elected Tribal official or a tribal employee who is designated to act on behalf of the group of tribes representing **[AI/AN National Advisory Committee Group]**.

**[Delegate Name]** was elected to the official position of **[Title],** with a term ending [Date]**.** As a nominated Delegate on the NIH TAC, **[Delegate Nominee Name]** will be acting in **[his/her]** official capacity as an elected official or a Tribal employee of the **[Tribe Name].** **[He/She**] has the authority to act on behalf of the **[AI/AN National Advisory Committee Group]** and is qualified to represent the views of the group in the area from which **[he/she]** is nominated.

As a NALM Alternate, **[Nominee Name]** will be filling in for the Delegate when **[he/she]** is not available to attend the TAC Meeting and will be acting in **[his/her]** official capacity as an elected official or Tribal employee of the [**Tribe** **Name**]. Similar to the Delegate, **[he/she]** has the authority to act on behalf of **[AI/AN National Advisory Committee Group]** and is qualified to represent the views of the group in the area from which [he/she] is nominated.

Attached you will find each of the Delegate and Alternate’s resume, CV, and a letter of intent.

Contact Information:

1. Name of NALM Delegate
Official Title
Tribe
Mailing Address

E-mail Address

Phone Number

1. Name of NALM Delegate

Official Title

Tribe

Mailing Address

E-mail Address

Phone Number

For questions, please contact **[Tribal Government Contact Name]** at **[Add Phone Number]** and **[add e-mail]** with any questions.

Sincerely,

**[Signature of Elected Tribal Official Providing Nomination]**

**[Name of Elected Tribal Official Providing Nomination]**

**[Official Title]**

**[Tribe]**