DWD Memo 2021-24 Attachment A

Local and Regional Plan Modification Cover and Signature Pages

**Program Years 2022 & 2023**

**Workforce and Innovation Opportunity Act (WIOA)**

**Local and Regional Plan Modification**

**Cover and Signature Page**

*[Enter Region/Board]*

*[Enter Type of Plan]*

*[Enter Submission Date]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Workforce Development Board (WDB) Local/Regional Plan Modification Approval | | | | | | |
| WDB/Region # | | Choose an item. | | | | |
| WDB Chair | |  | | | | |
| WDB Executive Director | |  | | | | |
| One Stop Operator | |  | | | | |
| Adult Service Provider(s) | |  | Phone |  | | |
| Cell |  | | |
| Email |  | | |
| Youth Program Manager/Lead Staff | |  | Phone |  | | |
| Cell |  | | |
| Email |  | | |
| Youth Service Provider(s) | |  | Phone |  | | |
| Cell |  | | |
| Email |  | | |
| I certify that the information contained herein is true and accurate to the best of my knowledge and I submit this plan on behalf of the WDB listed above. | | | | | | |
| **Modification approved - Local Workforce Development Board Chair** | | | | | | |
| Name: |  | | | | | |
| Title: |  | | | | | |
| Signature: |  | | | | Date: | Click here to enter a date. |
| **Modification approved - Regional Chief Local Elected Official/Chief Local Elected Official** | | | | | | |
| Name: |  | | | | | |
| Title: |  | | | | | |
| Signature: |  | | | | Date: | Click here to enter a date. |