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. |