Signature Page

WORKFORCE INNOVATION AND OPPORTUNITY ACT

**ANNUAL PLAN**

Identifying Information

1. Annual Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Recipient’s Name and Address:
3. Program:
4. Annual Plan Period:

 From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date the Workforce Development Board approved Annual Plan:
2. Approved by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workforce Development Board

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title:

1. Approved by the County:

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title:

1. Contact Person:

 Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Phone Number: