

Attachment 2

Signature Page

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
ANNUAL PLAN**

Identifying Information

A. Annual Plan Number: _____

B. Recipient's Name and Address:

C. Program:

D. Annual Plan Period:

From: _____ To: _____

E. Date the Workforce Development Board approved Annual Plan:

F. Approved by the Workforce Development Board

Signature: _____

Name and Title:

G. Approved by the County:

Signature: _____

Name and Title:

H. Contact Person:

Name and Title: _____

Address and Phone Number: