

PROGRAM ADMINISTRATION DESIGNEES AND PLAN SIGNATURES

Name of WIA Title I Grant Recipient Agency: _____

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Name of State WIA Title I Administrative Agency (if different from the Grant Recipient):

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Name of WIA Title I Signatory Official: _____

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Name of WIA Title I Liaison: _____

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Name of Wagner-Peyser Act Grant Recipient/State Employment Security Agency:

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Name and Title of State Employment Security Administrator (Signatory Official):

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

As the governor, I certify that for the State/Commonwealth of _____, the agencies and officials designated above have been duly designated to represent the State/Commonwealth in the capacities indicated for the Workforce Investment Act, title I, and Wagner-Peyser Act grant programs. Subsequent changes in the designation of officials will be provided to the U.S. Department of Labor as such changes occur.

I further certify that we will operate our Workforce Investment Act and Wagner-Peyser Act programs in accordance with this Plan and the assurances herein.

Typed Name of Governor_____

Signature of Governor_____ Date_____