

BOARD CONSULTATION FORM

General Information

FROM Workforce Investment Area # _____ Sub-area # _____
Counties and/or Cities served _____
Name of Entity administering Workforce Investment Act _____

TO Workforce Investment Area # _____ Sub-area # _____
Counties and/or Cities to be served _____
Name of Entity to administer Workforce Investment Act _____

It is the responsibility of the Local Workforce Investment Board, and in the Ohio Option areas, the Local Workforce Policy Board, to review the Closeout Plan and Closeout Package prior to submission to the Local Elected Official(s) for sign off.

We, the Chief Local Elected Official, Workforce Investment Board Chair, and Workforce Policy Board Chair, have consulted and agree that the documents included within the Closeout Plan and Closeout Package have been reviewed and approved as required within the closeout process and procedures.

Chief Local Elected Official

Authorized Signature: _____
(Chief Local Elected Official or designee) Date

Local Workforce Investment Board

Authorized Signature: _____
(Board Chair) Date

Local Workforce Policy Board

Authorized Signature: _____
(Board Chair) Date