

ATTACHMENT C

**Submission Contact Information
Local Workforce Investment Board**

**Fiscal Year 2007 Annual Workforce Development Business Plan
and
Memorandum of Understanding for Title I,
Wagner-Peyser and Associated Programs Funded through DCS**

Name of Workforce Investment Board

Please list the contact information for the individual you designate as your primary contact person for the submission of your area's FY 2007 Annual Workforce Development Business Plan. The person named will be the individual that state reviewers will contact if there are questions about or additional information needed in order to complete the review of your plan.

Principal Contact

Typed Name: _____

Title: _____

Mail Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____