

ATTACHMENT B

FY 2009 Annual Plan Checklist

Please indicate each item that is being submitted

- _____ Annual Plan Checklist (*Attachment B*)
- _____ Career Center Hours of Operation Form (*Attachment C*)
- _____ MOU Activity Summary Form (*Attachment D*)
- _____ LWIB Contact Information Form (*Attachment E*)
- _____ Duration and Principal Signatories Form (*Attachment F*)
- _____ (*Attachment G*)
- _____ Labor Exchange Program Summary (*Chart #1*)
- _____ Title I Program Summary for Adults & Dislocated Workers (*Chart #2*)
- _____ Title I Program Summary for Youth (*Chart #3*)
- _____ Title I Performance Goals (*Chart #4*)
- _____ Performance Goals Statement (*and Adjustment Narrative if applicable*)
- _____ Local Service Delivery Model Changes (*Attachment J*)
- _____ Integrated Budget Summary Form (*Attachment L*)
- _____ Budget Narrative
- _____ Budget Modification Authorization Form (*Attachment O*)