

ATTACHMENT D

High Performing WIB Certification Contact Information

LWIB: _____ **Date:** _____

Primary contact person for inquires related to the certification package:

Name: _____

Title: _____

Email: _____

Telephone: _____

Chief Elected Official: _____

Email: _____

LWIB Chair: _____

Email: _____

LWIB Executive Director: _____

Email: _____