

**ATTACHMENT E**

**LOCAL WORKFORCE INVESTMENT BOARD  
CERTIFICATION PACKAGE**

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LWIB Name

Submitted for High Performing Certification Review to  
**Executive Office of Labor and Workforce Development**

**CHIEF ELECTED OFFICIAL:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_ \*

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Typed Name and Title/City

**LWIB CHAIR:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_ \*

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Typed Name and Title/Company Name

\*Sign-off signifies agreement to abide by all Assurances listed in the High Performing Workforce Board instruction package.