

# ATTACHMENT F

Massachusetts  
Fiscal Year 2013 Local Annual Plan

<p><b>FY13 Annual Plan Submission Contact Information Local Workforce Investment Board</b></p>
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**Fiscal Year 2013 Local Annual Plan  
and  
Memorandum of Understanding  
for  
Title I, Wagner-Peyser and Associated Programs Funded through DCS**

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Name of Workforce Investment Board

**Please designate a primary contact person for the submission of your area's FY 2013 Local Annual Plan. The person named will be the individual that state reviewers will contact if there are questions or additional information is needed in order to complete the review of your plan.**

**Principal Contact**

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_