

## ATTACHMENT B

### FY 2010 Annual Plan Checklist

*Please indicate each item that is being submitted*

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|-------|--|
| _____ | Response to Narrative Questions  |
| _____ | Career Center Hours of Operation Form ( <i>Attachment C</i> )                  |
| _____ | MOU Activity Summary Form ( <i>Attachment D</i> )                              |
| _____ | LWIB Contact Information Form ( <i>Attachment E</i> )                          |
| _____ | Duration and Principal Signatories Form ( <i>Attachment F</i> )                |
| _____ | ( <i>Attachment G</i> )  |
| _____ | Labor Exchange Program Summary ( <i>Chart #1</i> )                             |
| _____ | Title I Program Summary for Adults ( <i>Chart #2</i> )                         |
| _____ | Title I Program Summary for Dislocated Workers ( <i>Chart #3</i> )             |
| _____ | Title I Program Summary for Youth ( <i>Chart #4</i> )                          |
| _____ | Title I Performance Goals ( <i>Chart #5</i> )                                  |
| _____ | Performance Goals Statement ( <i>and Adjustment Narrative, if applicable</i> ) |
| _____ | Local Service Delivery Model Changes ( <i>Attachment J</i> )                   |
| _____ | Integrated Budget Summary Form ( <i>Attachment L</i> )                         |
| _____ | Budget Narrative ( <i>Example provided in Attachment L1</i> )                  |
| _____ | Budget Modification Authorization Form ( <i>Attachment O</i> )                 |
| _____ | Navigator Plan ( <i>Attachment Y</i> )   |