

## ATTACHMENT E2

<p><b>Budget Modification Authorization Form</b> <i>Authorization for Designee to Sign Budget Modifications</i></p>
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**American Recovery and Reinvestment Act (ARRA) Plan  
Funded through the Department of Workforce Development**

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Name of Workforce Investment Board

It is agreed by all parties having signed below that the ARRA Budget may be amended or modified by the undersigned as necessary. This authority shall be granted for the duration of the plan and effective through June 30, 2011.

### PRINCIPAL SIGNATORIES

Typed Name:

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Chief Elected Official (or Designee)

Date

Typed Name:

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Workforce Investment Board Chair (or Designee)

Date

Typed Name:

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Local Workforce Investment Board Director (or Designee)

Date

Typed Name:

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DCS Regional Manager

Date

Typed Name:

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Title I Fiscal Agent (or Designee)

Date

### AUTHORITY TO SIGN ARRA BUDGET MODIFICATIONS GRANTED TO

Typed Name:

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Name of Individual/Entity

Date

Typed Name:

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Name of Individual/Entity

Date