

ATTACHMENT O

Budget Modification Authorization Form

Principal Signatories Authorization to Sign Integrated Budget Modifications

Fiscal Year 2009 Annual Plan Integrated Budget for Title I, Wagner-Peyser and Associated Programs Funded through DWD

Name of Workforce Investment Board

It is agreed by all parties having signed below that The Integrated 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, 2009.

PRINCIPAL SIGNATORIES

Typed Name:

Chief Elected Official (or Designee)

Date

Typed Name:

Workforce Investment Board Chair (or Designee)

Date

Typed Name:

Local Workforce Investment Board Director (or Designee)

Date

Typed Name:

DCS Regional Manager

Date

Typed Name:

Title I Fiscal Agent (or Designee)

Date

AUTHORITY TO SIGN INTEGRATED BUDGET MODIFICATIONS GRANTED TO

Typed Name:

Name of Individual/Entity

Date

Typed Name:

Name of Individual/Entity

Date