

## ATTACHMENT O

### Budget Modification Authorization Form

*Principal Signatories Authorization to Sign Integrated Budget Modifications*

#### **Fiscal Year 2010 Annual Plan Integrated Budget for Title I, Wagner-Peyser and Associated Programs Funded through DWD**

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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, 2010.

#### **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 INTEGRATED 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