ATTACHMENT D

High Performing WIB Certification Contact Information

LWIB:_____ Date:_____

Primary contact person for inquires related to the certification package:

Name:_____

Title:_____

Email:_____

Telephone:_____

Chief Elected Official:_____

Email:_____

LWIB Chair:_____

Email:_____

LWIB Executive Director:_____

Email:_____