

ATTACHMENT C

<p>American Recovery and Reinvestment Act (ARRA) Plan Submission Contact Information Local Workforce Investment Board</p>
--

Name of Workforce Investment Board

Please designate a primary contact person for the submission of your area's American Recovery and Reinvestment Act (ARRA) Plan. The person named will be the individual that state reviewers will contact if there are questions or additional information is needed in order to complete the review of your plan.

Principal Contact

*WIA Title I Adult and Dislocated Worker, Wagner-Peyser
and Reemployment Services ARRA Plan*

Typed Name: _____

Title: _____

Mail Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____

Principal Contact

Youth Services ARRA Plan

Typed Name: _____

Title: _____

Mail Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____