**Checklist**

*Please use this checklist to ensure completeness;*

*indicate each item that is included with the Board’s submission.*

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| --- | --- | --- |
| **No.** | **Checkoff**  **Confirms**  **Inclusion** | **Document Title** |
| **1.** |  | Completed Local Annual Plan FY26 **Checklist** *(Attachment A)* |
| **2.** |  | **Notification of Local Workforce System Changes Form** *(Attachment C)* |
| **3.** |  | MassHire Career Center **Hours of Operation Form** *(Attachment D)* |
| **4.** |  | Local Annual **Plan Signatories Form** *(Attachment F)* |
| **5.** |  | **Financial Modification Authorization Form** *(Attachment G)* |
| **6.** |  | **Integrated Budget** (*Attachment J*) |
| **7.** |  | Instructions for FY26 Local Performance Goals (Attachment M) |
| **8.** |  | Local Information Required: **Local Agricultural Labor Market** *(Attachment V)* |
|  |  | ***Attachment I (Charts Below)*** |
| **9.** |  | **Labor Exchange Program Summary** *(Chart #1)* |
| **10.** |  | **WIOA Title I Program Summary for Adults** *(Chart #2)* |
| **11.** |  | **WIOA Title I Program Summary for Dislocated Workers** *(Chart #3)* |
| **12.** |  | **WIOA Title I Program Summary for Youth** *(Chart #4)* |