



## NAMING, WEBSITE, AND BRAND AMBASSADOR DESIGNATION FORM

Workforce Region: [Click here to enter text.](#)

### Current and Approved New Workforce Names

Current Name	Approved New Name
[Insert name of WIOA Board here]	MassHire <a href="#">Click here to enter text.</a> Workforce Board

Current Name	Approved New Name
[Insert name of Career Center 1]	MassHire <a href="#">Click here to enter text.</a> Career Center
[Insert name of Career Center 2, if applicable]	MassHire <a href="#">Click here to enter text.</a> Career Center
[Insert name of Career Center 2, if applicable]	MassHire <a href="#">Click here to enter text.</a> Career Center

### Website Name(s)

All proposed website names must comply with standards articulated in Implementation Plan.

**Proposed website domain name:** [Click here to enter text.](#)

**Proposed website domain name 2, if applicable:** [Click here to enter text.](#)

**Proposed website domain name 3, if applicable:** [Click here to enter text.](#)

**Has the domain name been secured?** [Click here to enter text.](#)

### Brand Ambassador Designation

**Name of Brand Ambassador:** [Click here to enter text.](#)

**Title and Organization:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

**Phone Number:** [Click here to enter text.](#)

**Name of Brand Ambassador 2 (Optional):** [Click here to enter text.](#)

**Title and Organization:** Click here to enter text.

**Email:** Click here to enter text.  
text.

**Phone Number:** Click here to enter

**Do you plan to meet the Implementation Incentive Criteria and Timeline to qualify for Implementation Incentive Funding?** Click here to enter text.

If you would like to nominate additional Brand Ambassadors, please send their information as an attachment to this form. Note that Brand Ambassadors are required to attend the Brand Ambassador training on Thursday, May 24, 2018, from 9:00 AM to 1:00 PM at Quinsigamond Community College. Other individuals in your area may provide logistics and staff support for brand transition, but will not be facilitating training. These individuals do not need to attend the May 24<sup>th</sup> training.

Complete and return this form to [PolicyQA@mass.gov](mailto:PolicyQA@mass.gov). Electronic signatures are allowed.

Upon receipt of this form, EOLWD will confirm the approval status of your local name, website, and Brand Ambassador within five business days.

Signed, Click here to enter a date.

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*Local Workforce Board Director*

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*Local Workforce Board Chair*

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*Name (printed)*

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*Name (printed)*