

ATTACHMENT E

<p>Submission Contact Information Local Workforce Investment Board</p>
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**Fiscal Year 2010 Annual Plan
and
Memorandum of Understanding for Title I,
Wagner-Peyser and Associated Programs Funded through DWD**

Name of Workforce Investment Board

Please designate a primary contact person for the submission of your area's FY 2010 Annual 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

Typed Name: _____

Title: _____

Mail Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____