

ATTACHMENT F

Massachusetts Fiscal Year 2015 Local Annual Plan

MOU ACTIVITY SUMMARY

FY 2015

LWIB Name: _____

Date: _____ **Contact Person:** _____

PARTNER/PROGRAM	Signed MOU? Y/N	Duration		If no MOU, or no current MOU, explain.
		Start Date	End Date	
Department of Career Services Title I Title III ES/Wagner-Peyser Title III ES/UI Claimants Title III ES/Veterans Trade Adjustment Assistance State Appropriation Migrant & Seasonal Farm Workers				
Mass Rehabilitation Commission				
Mass Commission for the Blind				
Department of Mental Health				
Department of Elementary and Secondary Education ABE and ESOL				
Post Secondary / Vocational Education				
Community Service Block Grants Community Action Agencies				
Older Americans Act - Title V Senior Community Service Employment				
Job Corps				
Housing & Urban Development Job Links Moving to Work				