

ATTACHMENT D

MOU ACTIVITY SUMMARY

FY 2011

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 Workforce Development 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 Education ABE and ESOL				
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				