

## ATTACHMENT D

### MOU ACTIVITY SUMMARY

**FY 2010**

**LWIB Name**

\_\_\_\_\_

**Date** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

PARTNER/PROGRAM	Signed MOU? Y/N	Duration		If no MOU, or no current MOU, explain.
		Start Date	End Date	
<b>Department of Workforce Development</b> 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				
<b>Mass Rehabilitation Commission</b>				
<b>Mass Commission for the Blind</b>				
<b>Department of Mental Health</b>				
<b>Department of Education</b> ABE and ESOL				
<b>Community Service Block Grants</b> Community Action Agencies				
<b>Older Americans Act - Title V</b> Senior Community Service Employment				
<b>Job Corps</b>				
<b>Housing &amp; Urban Development</b> Job Links Moving to Work				