

**ATTACHMENT C**

**LOCAL WORKFORCE INVESTMENT BOARD**  
**HPWB CERTIFICATION PACKAGE**

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LWIB Name

Submitted for High Performing Certification Review to  
**Executive Office of Labor and Workforce Development**

**CHIEF ELECTED OFFICIAL:**

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Signature

Date

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Typed Name and Title/City

**LWIB CHAIR:**

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Signature

Date

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Typed Name and Title/Company Name