

## Signature Page

By signing below, the local CEO and Local Board chair request approval from the Governor to be an Adult and Dislocated Worker Career Services provider. Each party certifies that this application submission was reviewed and demonstrates that the Local Board or administrative entity will meet all the requirements as an Adult and Dislocated Worker Career Services Provider under WIOA law and regulations.

Instructions – The Local Board chair and local CEO must sign and date this form.

**Local Workforce Development Board Chair**

**Local Chief Elected Official**

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Signature

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Signature

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Name

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Name

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Title

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Title

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Date

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Date