

**REQUIRED SIGNATURE:
CHIEF ELECTED OFFICIAL(S)**

**WIA Comprehensive Three-Year Local Plan
Functional Alignment Addendum**

In compliance with the provisions of the Workforce Investment Act of 1998, the Interim Final Rule, and Planning guidelines and instructions provided by the NYS Department of Labor, this WIA Comprehensive Three-Year Local Plan Addendum is being submitted jointly by the Local Board and the respective Chief Elected Official(s).

By virtue of my signature, I:

- affirm that this WIA Comprehensive Three-Year Local Plan Addendum was developed in collaboration with the Local Board and is jointly submitted with the Chief Elected Official(s) on behalf of the Local Board

Note: A separate signature sheet is required for each local Chief Elected Official.

Date:	04/21/06	Signature of Local Chief Elected Official (CEO):	
Mr.	<input checked="" type="checkbox"/>	Typed Name of Local CEO:	
Ms.	<input type="checkbox"/>	Thomas A. Nichols	
Other	<input type="checkbox"/>		
Title of Local CEO:	Chair, St. Lawrence County Board of Legislators		
Address 1:	48 Court Street		
Address 2:			
City:	Canton		
State:	NY	Zip:	13617
Phone:	315-379-2276	E-mail:	

Submittal directions: Complete this form as part of the Local Plan Functional Alignment Addendum development process and submit the addendum electronically as described earlier in this guidance. Submit this form with original signatures to:

Workforce Development and Training Division
NYS Department of Labor
Building 12, Room 450
State Office Building Campus
Albany, New York 12240

Attention: Mr. Yue Yee, Deputy Director
Functional Alignment Addendum Documents