

**REQUIRED SIGNATURE:**

**LOCAL WORKFORCE INVESTMENT BOARD CHAIR**

**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

Date:	05/01/06	Signature of Local Board Chair:	
Mr.	<input checked="" type="checkbox"/>	Typed Name of Local Board Chair:	
Ms.	<input type="checkbox"/>	Donald J. Hooper	
Other	<input type="checkbox"/>		
Name of Board:	St. Lawrence County Workforce Investment Board		
Address 1:	80 State Highway 310, Suite 6		
Address 2:			
City:	Canton		
State:	NY	Zip:	13617
Phone:	315-379-9806	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 F. Yee, Deputy Director  
Functional Alignment Addendum Documents