

REQUIRED SIGNATURES:

**LOCAL WORKFORCE INVESTMENT BOARD DIRECTOR
AND
NYS DEPARTMENT OF LABOR REGIONAL ADMINISTRATOR**

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

By virtue of our signatures, we:

- affirm that this Functional Alignment Addendum to the WIA Comprehensive Three-Year Local Plan was jointly developed by the WIA and Wagner-Peyser partners in collaboration with the Local Board and the Chief Local Elected Official(s)
- affirm that the information provided and the actions outlined in this plan are supported by all of the above mentioned parties
- agree to implement the planned actions in this functional alignment addendum in accordance with the timetable provided

Date:	Signature of Local WIB Director:
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Typed Name of Local WIB Director: Raymond H. Fountain, Jr.
Name of Board:	St. Lawrence County Workforce Investment Board
Date:	Signature of Regional Administrator:
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Typed Name of Regional Administrator: David Wallingford
DoES Region:	

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