

Attestation

We the undersigned attest that this submittal is the Strategic Local Plan for our Local Workforce Development Area (LWDA) and certify that this plan has been prepared as required, and is in accordance with the applicable Workforce Innovation and Opportunity Act Regional Innovation and Local Comprehensive Plan Guidance.

Local Workforce Development Board BOARD CHAIR	Chief Local Elected Official
Name: <i>Samuel M Brown</i>	Name: <i>Randy Seal</i>
Title: <i>CHAIRMAN</i>	Title: <i>CLEO</i>
Signature: <i>Samuel M Brown</i>	Signature: <i>Randy Seal</i>
Date: <i>12-18-19</i>	Date: <i>12/11/19</i>