

ATTACHMENT D: SIGNATURE OF CHIEF ELECTED OFFICIAL(S)

**Workforce Innovation and Opportunity Act (WIOA) Local Plan for
Program Year 2017-2018, for WIOA Title 1-B
and Wagner-Peyser Programs**

In compliance with the provisions of the Workforce Innovation and Opportunity Act of 2014, the Final Rule, and Planning guidelines and instructions developed by the Governor, this Plan is being submitted jointly by the Local Board and the respective Chief Elected Official(s).

By virtue of my signature, I:

- Agree to comply with all statutory and regulatory requirements of the Act as well as other applicable State and Federal laws, regulations, and policies;
- Affirm that the Grant recipient possesses the capacity to fulfill all responsibilities and assume liability for funds received, as stipulated in §679.420 of the rules and regulations;
- Affirm that the composition of the Local Board is either in compliance with the law, rules, and regulations and is approved by the State or, will be in compliance within 90 days of Local Plan submission;
- Affirm that the Chair of the Local Board was duly elected by that board; and
- Affirm that the board, including any staff to the board, will not directly provide any career services unless approved to do so by the Chief Elected Official and the Governor.

Note: A separate signature sheet is required for each local Chief Elected Official (CEO). If additional pages are necessary, please replicate this document for each CEO.

Date:	Signature of Local Chief Elected Official (CEO):	
4/25/2018	Earl Van Wormer, III	
Mr. <input checked="" type="checkbox"/>	Typed Name of Local CEO:	
Ms. <input type="checkbox"/>	Earl VanWormer, III	
Other <input type="checkbox"/>		
Title of Local CEO:	Chairman - Schoharie County Board of Supervisors	
Address 1:		
Address 2:	P.O. Box 429	
City:	Schoharie	
State:	NY	Zip: 12157-0429
Phone:	518-295-8347	E-mail: Earl.VanWormer@co.schoharie.ny.us
Are you the Grant Recipient CEO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Submission directions: Complete this attachment as part of the Plan development process and submit it, with original signatures, as described in the Local Plan Template.

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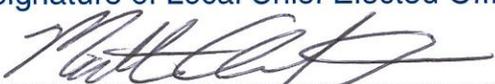
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Date:	<i>4/25/18</i>	Signature of Local Chief Elected Official (CEO)	
			
Mr.	<input checked="" type="checkbox"/>	Typed Name of Local CEO:	
Ms.	<input type="checkbox"/>	Matthew L. Ossenfort	
Other	<input type="checkbox"/>		
Title of Local CEO:	Montgomery County Executive		
Address 1:			
Address 2:	20 Park Street		
City:	Fonda		
State:	NY	Zip:	12068
Phone:	518-853-4304	E-mail:	ce@co.montgomery.ny.us
Are you the Grant Recipient CEO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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- Affirm that the Grant recipient possesses the capacity to fulfill all responsibilities and assume liability for funds received, as stipulated in §679.420 of the rules and regulations;
- Affirm that the composition of the Local Board is either in compliance with the law, rules, and regulations and is approved by the State or, will be in compliance within 90 days of Local Plan submission;
- Affirm that the Chair of the Local Board was duly elected by that board; and
- Affirm that the board, including any staff to the board, will not directly provide any career services unless approved to do so by the Chief Elected Official and the Governor.

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Date: <i>4/26/18</i>	Signature of Local Chief Elected Official (CEO): <i>James Groff</i>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Typed Name of Local CEO: James Groff	
Title of Local CEO:	Chairman - Fulton County Board of Supervisors	
Address 1:		
Address 2:	223 West Main Street, Room 203	
City:	Johnstown	
State:	NY <i>736-</i>	12095
Phone:	518-762-5540	E-mail: fultbos@co.fulton.ny.us
Are you the Grant Recipient CEO? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

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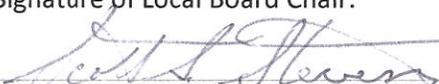
ATTACHMENT C: SIGNATURE OF LOCAL BOARD CHAIR

**Workforce Innovation and Opportunity Act (WIOA) Local Plan for
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By virtue of my signature, I:

- Agree to comply with all statutory and regulatory requirements of the Act as well as other applicable State and federal laws, regulations, and policies;
- Affirm that the composition of the Local Board is either in compliance with the law, rules, and regulations and is approved by the State or, will be in compliance within 90 days of Local Plan submission;
- Affirm that this Plan was developed in collaboration with the Local Board and is jointly submitted with the Chief Elected Official(s) on behalf of the Local Board; and
- Affirm that the board, including any staff to the board, will not directly provide any career services unless approved to do so by the Chief Elected Official and the Governor.

Date: 05/12/15	Signature of Local Board Chair: 	
Mr. <input checked="" type="checkbox"/>	Typed Name of Local Board Chair: Scott S. Stevens	
Ms. <input type="checkbox"/>		
Other <input type="checkbox"/>		
Name of Board:	Fulton, Montgomery, and Schoharie Workforce Development Board, Inc.	
Address 1:		
Address 2:		
City:	Amsterdam	
State:	NY	Zip: 12010
Phone:	518-842-3676	E-mail: scotts@amtcastings.com

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