VIA ELECTRONIC MAIL

[Date]

[Individual designated by the Governor]

Manager – Strategic Planning & Innovation

Illinois Department of Commerce and Economic Opportunity

500 E. Monroe St.

Springfield IL 62701

Dear [Individual designated by the Governor], on behalf of the WIOA Interagency Technical Assistance Team:

The revisions to the [select document type] for Program Year [enter program year] here enclosed have been reviewed and approved by the Local Workforce Innovation Board of Local Workforce Innovation Area [#] and all parties to the MOU.

Attached is a detailed report specifying the required revisions addressed and the location of the revisions in the [select document type] submitted [select date revised MOU was submitted by local area to [wioaplans-mous@illinoisworknet.com](mailto:wioaplans-mous@illinoisworknet.com)].

Mr./Ms. \_\_\_\_\_\_\_\_\_

[Appropriate Title for the Local Workforce Board Chair]

Address Line 1

Address Line 2

Address Line 3

Sincerely,

[Local Board Chair Signature]

[Printed Name]

***On behalf of the LWIA [#] Local Workforce Innovation Board***

cc: [Chief Elected Official(s)]

[Local Board Staff]

**Confirmation of Required Revisions Made**

In the space provided below, please list the required revisions that were addressed by the local area in the revised submission of the MOU or MOU Amendment and, if applicable, the page number on which the revision is located.

**Required Modifications**

| **Required Revisions made to the Memorandum of Understanding** | |
| --- | --- |
| *Page # of Addressed Revision* | *Required Revision* |
| **Required Revisions in the MOU effective beginning July 1:** | |
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