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 and Chief Elected Officials of Local Workforce Innovation Area [#].

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 plan(s) 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

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

[Appropriate Title for the Primary Chief Elected Official]

Address Line 1

Address Line 2

Address Line 3

Sincerely,

[Local Board Chair Signature]

[Primary Chief Elected Official Signature]

[Printed Name]

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

cc:

[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 regional and/or local plan and, if applicable, the page number on which the revision is located.

**Required Modifications**

| **Required Revisions made** | |
| --- | --- |
| *Page # of Addressed Revision* | *Required Revision* |
| **Required Revisions in the Regional Plan effective beginning July 1, 2020:** | |
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| **Required Revisions in the Local Plan effective beginning July 1, 2020:** | |
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