# Attachment A - *NCWorks Local Innovation Fund –* Signature Page

Project Lead

|  |  |
| --- | --- |
| Lead Organization |  |
| Application Contact Person |  |
| Address |  |
| Phone numbers |  |
| Email |  |
| Date |  |
| Amount requested |  |

Local Workforce Development Board

(Financial administrator – please write “same as above” if the local board is also the lead organization)

|  |  |
| --- | --- |
| Local Workforce Board (WDB) |  |
| WDB Contact Person |  |
| Address |  |
| Phone numbers |  |
| Email |  |
| Date |  |

Partner Signatures

|  |  |
| --- | --- |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
| Organization: |  |
| Name: |  |
| Signature: |  |
| Date: |  |

\*Please print additional signature pages as needed.