# Part IB: Workforce Development Partnership Signature Page

If applying as a workforce development partnership, provide contact information for each partner of the proposed program. Additional boxes and pages may be added as needed.

If applying as an education attainment partnership, please leave this blank.

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| **Workforce Development Partner Organization Information** |
| **Partner Type** | [ ]  **Workforce** [ ]  **Postsecondary/Training** [ ]  **Adult Education** |
| **Organization Name** | ­­ |
| **Mailing Address** |  |
| **Website** |  |
| **Workforce Development Partner Primary Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |

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| **Website** |  |
| **Workforce Development Partner Primary Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |

**Note:** If the grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application. The signatures on this page may be original, electronic or with attached email approval.