

STATE OF WYOMING INTEGRATED WORKFORCE PLAN
PROGRAM YEARS 2012 – 2016

PROGRAM ADMINISTRATION DESIGNEES AND PLAN SIGNATURES

Name of Title I Grant Recipient Agency: Wyoming Department of Workforce Services
Address: 122 West 25th Street, Herschler Building 2-East, Cheyenne, Wyoming 82002
Telephone Number: 307-777-8650
Facsimile Number: 307-777-5857
E-mail Address: joan.evans@wyo.gov

Name of State WIA Title I Administrative Agency (if different from the Grant Recipient):

Address: _____

Telephone Number: _____
Facsimile Number: _____
E-mail Address: _____

Name of WIA Title I signatory Official: Joan K. Evans, Director, WY Department of Workforce Services
Address: 122 West 25th Street, Herschler Building 2-East, Cheyenne, Wyoming 82002
Telephone Number: 307-777-8650
Facsimile Number: 307-777-5857
E-mail Address: joan.evans@wyo.gov

Name of WIA Title I Liaison: Jeanette Pickinpaugh, Deputy Administrator,
Employment and Training Programs
Address: 122 West 25th Street, Herschler Building 2-East, Cheyenne, Wyoming 82002
Telephone Number: 307-777-7838
Facsimile Number: 307-777-5857
E-mail Address: jeanette.pickinpaugh@wyo.gov

Name of Wagner-Peyser Act Grant Recipient / State Employment Security Agency
Wyoming Department of Workforce Services
Address: 122 West 25th Street, Herschler Building 2-East, Cheyenne, Wyoming 82002
Telephone Number: 307-777-8650
Facsimile Number: 307-777-5857
E-mail Address: joan.evans@wyo.gov

Name and Title of State Employment Security Administrator (Signatory Official):

Joan K. Evans, Director, WY Department of Workforce Services

Address: 122 West 25th Street, Herschler Building 2-East, Cheyenne, Wyoming 82002

Telephone Number: 307-777-8650

Facsimile Number: 307-777-5857

E-mail Address: joan.evans@wyo.gov

As the Governor, I certify that for the State of Wyoming, the agency and officials designated above have been duly designated to represent the State in the capacities indicated for the Workforce Investment Act, Title I, and Wagner-Peyser Act grant programs. Subsequent changes in the designation of officials will be provided to the U.S. Department of Labor as such changes occur.

I further certify that we will operate our Workforce Investment Act and Wagner-Peyser Act programs in accordance with this Plan and the assurances herein.

Typed Name of Governor _____

Signature of Governor _____ Date _____