

Attachment B

OMB Control No. 1205-0329  
Expiration Date: June 30, 2000

STATEWIDE JOB TRAINING PLAN

State/Territory

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for the period

Program Year PY 1998 and PY 1999

NAME OF GRANTEE:
ADDRESS OF GRANTEE:
DATE OF SUBMISSION:

CITATIONS	SECTION
<p>Section 104(b)(3)-104(b)(13) of the Act 20 CFR 628.420(b)(9)</p> <p>Section 105(a) of the Act</p> <p>Section 108 of the Act 20 CFR 627.445</p>	<p><b>I. PROGRAM INFORMATION</b></p> <p><b>NOTE TO PREPARER:</b> Any information required by the Governor's Coordination and Special Services Plan should be referenced to avoid duplication.</p> <p>A. Provide a specific description of the required elements found in Section 104(b)(3) through 104(b)(13) of the Act.</p> <p>B. Provide a statement assuring that the State will publish its plan and make it available for review and comment, as specified in Section 105(a) of the Act.</p> <p>C. Provide a statement assuring that the State will comply with the cost limitations contained in Section 108 of the Act.</p> <p><b>II. CERTIFICATION</b></p> <p>An original signature of the Governor or authorized designee shall be affixed to each of the three copies of the Statewide Plan submitted. The name of the signer (and the signer's title, if a designee) shall be typed below the signature.</p>