

## ATTACHMENT C

<p style="text-align: center;"><b>American Recovery and Reinvestment Act (ARRA) Plan Submission Contact Information Local Workforce Investment Board</b></p>
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**Greater New Bedford Workforce Investment Board, Inc.**  
Name of Workforce Investment Board

Please designate a primary contact person for the submission of your area's American Recovery and Reinvestment Act (ARRA) Plan. The person named will be the individual that state reviewers will contact if there are questions or additional information is needed in order to complete the review of your plan.

**Principal Contact**

*WIA Title I Adult and Dislocated Worker, Wagner-Peyser  
and Reemployment Services ARRA Plan*

Typed Name: \_\_\_\_\_ Craig Baker \_\_\_\_\_

Title: \_\_\_\_\_ Chief Operations Officer \_\_\_\_\_

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Fax Number: \_\_\_\_\_ 508.979.5680 \_\_\_\_\_

**Principal Contact**

*Youth Services ARRA Plan*

Typed Name: \_\_\_\_\_ Jean Fox \_\_\_\_\_

Title: \_\_\_\_\_ Youth Council Director \_\_\_\_\_

Mail Address: \_\_\_\_\_ 227 Union St; Suite 206, New Bedford, MA 02740 \_\_\_\_\_

E-mail Address: \_\_\_\_\_ jfox@gnbwib.org \_\_\_\_\_

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