

**ATTACHMENT E**

**Submission Contact Information  
Local Workforce Investment Board**

**Fiscal Year 2010 Annual Plan  
and  
Memorandum of Understanding for Title I,  
Wagner-Peyser and Associated Programs Funded through DWD**

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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 FY 2010 Annual 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**

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