



LOS ANGELES COUNTY

WIOA Adult, Dislocated Worker, and Youth Programs INFORMATIONAL BULLETIN

Number: ADWY B15-02

Subject: L.A. County WIOA Agency Contact
Information Update Form

Date: July 27, 2015

Effective Date: Immediately

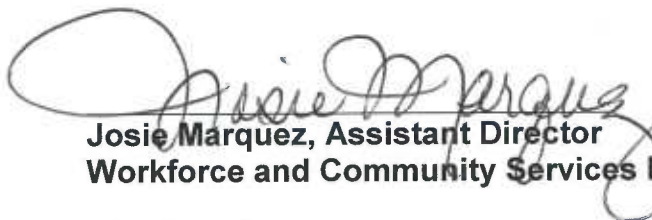
TO: Los Angeles County Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker, and Youth Program Contractors

This bulletin provides the Los Angeles County WIOA Agency Contact Information Update Form. Contractors are required to use this form to notify CSS AJCC Operations Division of any key staff changes as soon as they occur. Contractors operating both ADW and Youth programs need to submit separate contact forms. For example, one (1) form for ADW programs and one (1) for Youth.

The contacts provided will be used to disseminate all programmatic information including program updates, needs, changes, and requirements. The form must be completed and sent by the Executive Director ONLY. A copy of the most current updated form should be kept on file for agency records. Please refer to the attached form for more information.

If you have any questions, please contact us at wioaops@css.lacounty.gov.

Thank you,


**Josie Marquez, Assistant Director
Workforce and Community Services Branch**

Attachment



Los Angeles County
Workforce Innovation and Opportunity Act (WIOA)
AJCC Operations Division
Agency Contact Information Update Form



LA County AJCC Operations Division uses these contacts for all programmatic needs, including releasing program updates, changes, and requirements. It is the agency's responsibility to ensure the contact list is up to date at all times.

<input type="checkbox"/>	Adult and Dislocated Worker Programs
--------------------------	--------------------------------------

Youth Program	<input type="checkbox"/>
---------------	--------------------------

*AJCC / Agency Name	
*Address	
*Phone	
*Fax	
*TTY	
*Executive Director: Name	
*Executive Director: Phone	
*Executive Director: E-Mail	
*Program Manager: Name	
*Program Manager: Phone	
*Program Manager: E-Mail	
Other Representative: Name	
Other Representative: Title	
Other Representative: Phone	
Other Representative: E-Mail	
Other Representative: Name	
Other Representative: Title	
Other Representative: Phone	
Other Representative: E-Mail	

*Required Field

 Print Name Title

 Signature Date

Form must be completed and sent by the Executive Director ONLY. Please e-mail the completed form to

wioaops@css.lacounty.gov