

Attachment B

**Program Administration Designees and Plan Signature**

**Name of WIA Title I Grant Recipient Agency:** Department of Workforce Development  
Address: 201 East Washington Avenue A400, Madison, WI 53702  
Telephone Number: 608-267-1410 TTY: 608-267-0477  
Facsimile Number: 608-266-1784  
E-mail: [roberta.gassman@dwd.state.wi.us](mailto:roberta.gassman@dwd.state.wi.us)

**Name of WIA Title I Signatory Official:** Roberta Gassman, Secretary, Department of Workforce Development  
Address: 201 East Washington Avenue A400, Madison, WI 53702  
Telephone Number: 608-267-1410 TTY: 608-267-0477  
Facsimile Number: 608-266-1784  
E-mail Address: [roberta.gassman@dwd.state.wi.us](mailto:roberta.gassman@dwd.state.wi.us)

**Name of WIA Title I Liaison:** Ron Danowski, Division Administrator, Division of Employment and Training  
Address: 201 East Washington Avenue, G108, Madison, WI 53702  
Telephone Number: 608-266-3485  
Facsimile Number: 608-261-8506  
E-mail Address: [ron.danowski@dwd.state.wi.us](mailto:ron.danowski@dwd.state.wi.us)

**Name of Wagner-Peyser Act Grant Recipient/State Employment Security Agency:**  
Roberta Gassman, Secretary, Department of Workforce Development  
Address: 201 East Washington Avenue A400, Madison, WI 53702  
Telephone Number: 608-267-1410 TTY: 608-267-0477  
Facsimile Number: 608-266-1784  
E-mail Address: [roberta.gassman@dwd.state.wi.us](mailto:roberta.gassman@dwd.state.wi.us)

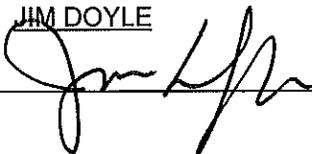
**Name and title of State Employment Security Administrator (Signatory Official):**  
Roberta Gassman, Secretary, Department of Workforce Development  
Address: 201 East Washington Avenue A400, Madison, WI 53702  
Telephone Number: 608-267-1410 TTY: 608-267-0477  
Facsimile Number: 608-266-1784  
E-mail Address: [roberta.gassman@dwd.state.wi.us](mailto:roberta.gassman@dwd.state.wi.us)

As the Governor, I certify that for the State of Wisconsin, the agencies and officials designated above have been duly designated to represent the State/Commonwealth 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 JIM DOYLE

Signature of Governor \_\_\_\_\_



Date \_\_\_\_\_

6/30/09