**Fiscal Agent Design/Administrative Entity/One-Stop Operator**

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| **NAME OF REGIONAL WORKFORCE BOARD (RWB)** |
| **Name and Title of RWB Chairperson** | **Name and Title of RWB Staff Director or Main Contact Person** |
| **Address of the RWB Chairperson** | **Address of RWB Staff Director or Main Contact Person** |
| **Telephone Number:** **Facsimile Number:** **E-mail Address:**  | **Telephone Number:** **Facsimile Number:** **E-mail Address:**  |

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| **Name of RWB One-Stop Operator** | **Name of RWB Fiscal Agent** |
| **Address of RWB One-Stop Operator** | **Address of RWB Fiscal Agent** |
| **Telephone Number:** **Facsimile Number:** **E-mail Address:**  | **Telephone Number:** **Facsimile Number:** **E-mail Address:**  |

|  |  |
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| **Name of the RWB Administrative Entity** | **Name of the Chief Elected Official(s)**(Please add additional sheets if required) |
| **Address of RWB Administrative Entity** | **Address of the Chief Elected Official(s)** |
| **Telephone Number:** **Facsimile Number:** **E-mail Address:**  | **Telephone Number:** **Facsimile Number:** **E-mail Address:**  |