

## Attachment A –Checklist, Contacts and Signatures

### 1. Unified Plan Activities and Programs Checklist

Under section 501 of the Workforce Investment Act, the following activities or programs may be included in a state's Unified Plan. From the list below, please place a check beside the programs and activities the state is including in this Unified Plan.

The State Unified Plan shall cover one or more of the following programs and activities:

- a. Secondary vocational education programs (Perkins IV/Secondary). Note that inclusion of this program requires prior approval of state legislature. (Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.))
- b. Postsecondary vocational education programs (Perkins IV/Postsecondary). Note that for the purposes of what the State Unified Plan shall cover, Perkins IV/Secondary and Perkins IV/Postsecondary count as one program. (Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.))
- c. Activities authorized under title I, Workforce Investment Systems (Workforce Investment Activities for Adults, Dislocated Workers and Youth, or WIA title I, and the Wagner-Peyser Act) (Workforce Investment Act of 1998 (29 U.S.C. 2801 et seq.))
- d. Activities authorized under title II, Adult Education and Family Literacy (Adult Education and Family Literacy Programs) (Workforce Investment Act of 1998 (20 U.S.C. 9201 et seq.))

The State Unified Plan may cover one or more of the following programs and activities:

- a. Supplemental Nutrition Assistance Program, or SNAP (7 U.S.C. 2015(d))
- b. Activities authorized under chapter 2 of title II of the Trade Act of 1974 (Trade Act Programs) (19 U.S.C. 2271 et seq.)
- c. Programs authorized under Part B of title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.), other than section 112 of such Act (29 U.S.C. 732) (Vocational Rehabilitation)
- d. Activities authorized under chapters 41 & 42 of Title 38, USC, and 20 CFR 1001 and 1005 (Veterans Programs, including Veterans Employment, Disabled Veterans' Outreach Program, and Local Veterans' Employment Representative Program)
- e. Programs authorized under state unemployment compensation laws (Unemployment Insurance) (in accordance with applicable Federal law which is authorized under title III, title IX and Title XII of the Social Security Act and the Federal Unemployment Tax Act)
- f. Programs authorized under part A of title IV of the Social Security Act (Temporary Assistance for Needy Families (TANF)).
- g. Programs authorized under title V of the Older Americans Act of 1965 (Senior Community Service Employment Program (SCSEP).) (42 U.S.C. 3056 et seq.)
- h. Training activities funded by the Department of Housing and Urban Development under the Community Development Block Grants (CDBG) and Public Housing Programs). Note that programs funded by the CDBG and Public Housing programs can only be included in the State Unified Plan if the state is the funds recipient, and approval of the Unified Plan will not trigger funding for these programs.
- i. Community Development Block Grants
- j. Public Housing
- k. Programs authorized under the Community Services Block Grant Act (Community Services Block Grant, or CSBG) (42 U.S.C. 9901 et seq.)

**2. Contact Information**

Please complete one copy for EACH of the separate activities and programs included in the State Unified Plan.

Program: WIA Title I  
State Name for Program/Activity: WIA Title I

Name of Grant Recipient Agency for Program/Activity: Education & Workforce Development Cabinet  
Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: Beth.Brinly@ky.gov

Name of State Administrative Agency (if different from the Grant Recipient):  
Office of Employment & Training  
Address: 275 East Main Street, Frankfort, KY 40621  
Telephone Number: 502-564-5331  
Facsimile Number: 502-564-7452  
E-mail Address: Beth.Brinly@ky.gov

Name of Signatory Official: Joseph U. Meyer, Secretary  
Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: JoeU.Meyer@ky.gov

Name of Liaison: Linda A. Prewitt  
Address: 275 East Main St., 2-WA, Frankfort, KY 40621  
Telephone Number: 502-564-7456  
Facsimile Number: 502-564-7459  
E-mail Address: LindaA.Prewitt@ky.gov

**2a. Contact Information**

Please complete one copy for EACH of the separate activities and programs included in the State Unified Plan.

Program: Trade Act  
State Name for Program/Activity: Trade Act

Name of Grant Recipient Agency for Program/Activity: Education & Workforce Development Cabinet  
Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: Beth.Brinly@ky.gov

Name of State Administrative Agency (if different from the Grant Recipient):  
Office of Employment & Training  
Address: 275 East Main Street, Frankfort, KY 40621  
Telephone Number: 502-564-5331  
Facsimile Number: 502-564-7452  
E-mail Address: Beth.Brinly@ky.gov

Name of Signatory Official: Joseph U. Meyer, Secretary  
Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: JoeU.Meyer@ky.gov

Name of Liaison: Linda A. Prewitt  
Address: 275 East Main St., 2-WA, Frankfort, KY 40621  
Telephone Number: 502-564-7456  
Facsimile Number: 502-564-7459  
E-mail Address: LindaA.Prewitt@ky.gov

**2c. Contact Information**

Please complete one copy for EACH of the separate activities and programs included in the State Unified Plan.

Program: Veterans Programs

State Name for Program/Activity: Veterans Programs

Name of Grant Recipient Agency for Program/Activity: Education & Workforce Development Cabinet

Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601

Telephone Number: 502-564-0372

Facsimile Number: 502-564-5959

E-mail Address: Beth.Brinly@ky.gov

Name of State Administrative Agency (if different from the Grant Recipient):

Office of Employment & Training

Address: 275 East Main Street, Frankfort, KY 40621

Telephone Number: 502-564-5331

Facsimile Number: 502-564-7452

E-mail Address: Beth.Brinly@ky.gov

Name of Signatory Official: Joseph U. Meyer, Secretary

Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601

Telephone Number: 502-564-0372

Facsimile Number: 502-564-5959

E-mail Address: JoeU.Meyer@ky.gov

Name of Liaison: Linda Burton

Address: 275 East Main St., 2-WA, Frankfort, KY 40621

Telephone Number: 502-564-7456

Facsimile Number: 502-564-7459

E-mail Address: Linda.Burton@ky.gov

**2d. Contact Information**

Please complete one copy for EACH of the separate activities and programs included in the State Unified Plan.

Program: Unemployment Insurance  
State Name for Program/Activity: Unemployment Insurance

Name of Grant Recipient Agency for Program/Activity: Education & Workforce Development Cabinet

Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: Beth.Brinly@ky.gov

Name of State Administrative Agency (if different from the Grant Recipient):

Office of Employment & Training  
Address: 275 East Main Street, Frankfort, KY 40621  
Telephone Number: 502-564-5331  
Facsimile Number: 502-564-7452  
E-mail Address: Beth.Brinly@ky.gov

Name of Signatory Official: Joseph U. Meyer, Secretary  
Address: 500 Mero Street, CPT, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
Telephone Number: 502-564-0372  
Facsimile Number: 502-564-5959  
E-mail Address: JoeU.Meyer@ky.gov

Name of Liaison: Greg Higgins  
Address: 275 East Main St., Frankfort, KY 40621  
Telephone Number: 502-564-2900  
Facsimile Number: 502-564-  
E-mail Address: Greg.Higgins@ky.gov

**3. Plan Signature(s)**

*Governor (if applicable)*

As the Governor, I certify that for the State/Commonwealth of Kentucky, for those activities and programs included in this Plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. I will provide subsequent changes in the designation of officials to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this Plan that are under my jurisdiction, we will operate the workforce development programs included in this Unified Plan in accordance with this Unified Plan and the assurances described in Section III of this Unified Plan.

Stephen L. Beshear  
Typed Name and Signature of Governor

Date \_\_\_\_\_

*Responsible State Official for Eligible Agency for Career and Technical Education (if Applicable)*

I certify that for the State/Commonwealth of \_\_\_\_\_, for those activities and programs included in this Plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. I will provide subsequent changes in the designation of officials to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this Plan that are under my jurisdiction, we will operate the programs included in this Unified Plan in accordance with this Unified Plan and the applicable assurances described in Section III of this Unified Plan.

\_\_\_\_\_  
Typed Name, Title, and Agency of Responsible State Official for Career and Technical Education  
Signature N/A  
Date \_\_\_\_\_

*Responsible State Official for Eligible Agency for Vocational Rehabilitation (if applicable)*

I certify that for the State/Commonwealth of \_\_\_\_\_, for those activities and programs included in this Plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. I will provide subsequent changes in the designation of officials to the designated program or activity contact as such changes occur.

I further certify that we will operate those activities and programs included in this Unified Plan that are under my jurisdiction in accordance with this Unified Plan and the assurances described in Section III of this Unified Plan.

\_\_\_\_\_  
Typed Name, Title, and Agency of Responsible State Official for Vocational Rehabilitation  
Signature N/A  
Date \_\_\_\_\_

*Responsible State Official for Eligible Agency for Adult Education (if applicable)*

I certify that for the State/Commonwealth of \_\_\_\_\_, for those activities and programs included in this Plan that are under my jurisdiction, the agencies and officials designated above under “Contact Information” have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. I will provide subsequent changes in the designation of officials to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this Plan that are under my jurisdiction, we will operate the programs included in this Unified Plan in accordance with this Unified Plan and the applicable assurances described in Section III of this Unified Plan.

\_\_\_\_\_  
Typed Name, Title, and Agency of Responsible State Official for Adult Education

Signature   N/A  

Date \_\_\_\_\_