

SUBRECIPIENTINFORMATION CHANGE FORM- TYPE 1

Local area Non-Local area

Entity name		Entity Site Address		
Entity mailing address		Main Public Phone		
Entity director/administrator <input type="checkbox"/> No change				
Salutation	First	MI	Last	Title
Address				
Phone		Fax	Email address	

Entity director/administrator alternate <input type="checkbox"/> No change				
Salutation	First	MI	Last	Title
Address				
Phone		Fax	Email address	

Local area only:				
Local workforce development board chair <input type="checkbox"/> No change				
Salutation	First	MI	Last	Title
Board Name				
Address				
Phone		Fax	Email address	

Chief Elected Official <input type="checkbox"/> No change				
Salutation	First	MI	Last	Title
Organization name				
Address				
Phone		Fax	Email address	

Please check applicable entity type:

Government entity	Printed Name	Title
State agency	Signature	Date
Private entity		