

**Area Planning Council (ICCB) Officers  
FY 2023 Planning Cycle**

**Area Planning Council Name** \_\_\_\_\_

**APC#:** \_\_\_\_\_ **LWIA#:** \_\_\_\_\_ **Economic Development Region#:** \_\_\_\_\_

**Council Chair\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Council Co-Chair/Vice Chair**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Council Secretary**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Local Workforce Innovation Board (LWIB) Representative\*\***

Adult Ed Representative to LWIB: \_\_\_\_\_ LWIB#: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form to: Associate Director for Program Compliance, via email at: [ael.compliance@illinois.gov](mailto:ael.compliance@illinois.gov).

*\*APC Chair must be employed by an ICCB funded AEL provider.*

**\*\*Person who has the AE seat on the LWIB.**