

**Area Planning Council (ICCB) Officers
FY 2024 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.

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

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