# ICCB Adult Education and Literacy

# Attachment 1 - Fiscal Year 2024 Area Plan

# Area Planning Council Invitees / Participants

# Column 1

Identify by name those representatives from ICCB funded programs, APC partner agencies, Local Workforce Innovation Board partner agencies or other stakeholders **invited to attend** APC meetings.

**Column 2**

List the agency and department name of ICCB funded programs, APC partner agencies, Local Workforce Innovation Board partner agencies, and other stakeholders **invited to attend** APC meetings.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |