

**Area Planning Council (ICCB) Officers
FY_____ 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 Area (LWIA) Representative**

Adult Ed Representative to LWIA: _____ LWIA#: _____

Title: _____ Agency: _____

Email: _____ Phone Number: _____

Please return this form by Monday December 1, 2016 to: Associate Director for Program Compliance, via email at: aeplprogramcompliance@iccb.state.il.us

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

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