

**Policy Issuance PI 21-10
Program Year 2020
Eligible Providers of Workforce Innovation and Opportunity Act Work-Based Activities**

MICHIGAN WORKS! AGENCY: _____

Provider Name and Complete Address	On-the-Job Training	Customized Training	Incumbent Worker Training	Internships	Paid Work Experience	Unpaid Work Experience	Transitional Jobs
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit additional pages if necessary, by cutting and pasting an additional sheet to the next page.

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**Local Michigan Works! Agency (MWA)
Workforce Innovation and Opportunity Act
Work-Based Activities Contact(s)**

MWA Name	Contact Name & Title	Phone Number	Email	Work-Based Activities
<u>MWA:</u>	Name: Title:			<input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Customized Training <input type="checkbox"/> Incumbent Worker Training <input type="checkbox"/> Internships <input type="checkbox"/> Paid Work Experience Opportunities <input type="checkbox"/> Unpaid Work Experience Opportunities <input type="checkbox"/> Transitional Jobs
	Name: Title:			<input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Customized Training <input type="checkbox"/> Incumbent Worker Training <input type="checkbox"/> Internships <input type="checkbox"/> Paid Work Experience Opportunities <input type="checkbox"/> Unpaid Work Experience Opportunities <input type="checkbox"/> Transitional Jobs
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