

COMMENT FORM

_____ **COMPREHENSIVE 5-YEAR LOCAL PLAN**

_____ **5-YEAR YOUTH TRANSITION PLAN**

Michigan Works! Area: _____ **Capital Area Michigan Works!** _____

Name/Title of Respondent: _____

Agency Responding: _____

- ‘ Concurrence with Planned Activities
- ‘ Non-Concurrence with Planned Activities

Specific Comments:

Signature of Respondent/Date: _____