

**STATEMENT OF INTENT
(Requesting Permission to Serve As a Direct Service Provider)**


LOCAL WORKFORCE AREA INFORMATION	
Name of Local Area:	CareerSource Southwest Florida
LWDB Number:	24
Date of Submission:	
Contact Person Name: Peg Elmore	Phone: 239-225-2500 x1801 Email Address: pelmore@careersourceswfl.com

AMENDMENT TO THE LOCAL WORKFORCE SERVICES PLAN

This amendment authorizes designation of the Local Workforce Development Board as a direct provider of certain services by agreement of the Chief Elected Official and the Governor.

The Local Workforce Service Plan will be amended to include designation of the Local Workforce Development Board as a direct provider of workforce services (other than training services). This amendment to the Local Workforce Service Plan will be effective for the period from July 1, 2026 through June 30, 2026.

The signatures below certify agreement to the plan amendment submitted by the Local Workforce Development Board and the assurance that the Local Workforce Development Board will operate in accordance with this plan amendment and applicable federal and state laws and regulations.

LOCAL WORKFORCE DEVELOPMENT BOARD CHAIRMAN	
Name: Michael (Mike) Wukitsch	Title: Chair
Signature: 	Date: 3/11/2026

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Joseph M. Tiseo, Commissioner	County: Charlotte
Signature:	Date:

Attest:
Roger D. Eaton, Clerk of the
Circuit Court and Ex-officio
Clerk of the Board of County
Commissioners

By: _____ Deputy Clerk

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:**


Thomas M. David, County Attorney

LR26-369 DJM

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Burt Saunders, Commissioner	County: Collier
Signature:	Date:

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Tim Stanley, Commissioner	County: Glades
Signature:	Date:

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Ramon Iglesias, Commissioner	County: Hendry
Signature:	Date:

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Cecil Pendergrass, Commissioner	County: Lee
Signature:	Date:

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title: Michelle Lincoln, Mayor	County: Monroe
Signature:	Date:

LOCAL CHIEF ELECTED OFFICIAL	
Name and Title:	County:
Signature:	Date: