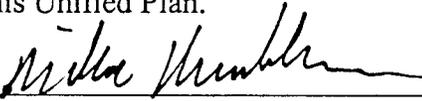


C. Plan Signatures

Governor

As the Governor, I certify that for the State of Arkansas, for those activities and programs included in this plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State in the capacities indicated for the programs and activities indicated. Subsequent changes in the designation of officials will be provided to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this plan that are under my jurisdiction, we will operate the workforce development programs included in this Unified Plan in accordance with this Unified Plan and the assurances described in Section III of this Unified Plan.



3-28-00

Mike Huckabee, Governor
Typed Name and Signature of Governor

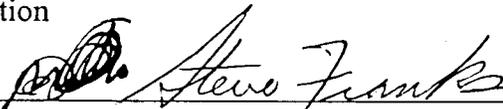
Date

Responsible State Official for Eligible Agency for Vocational Education

I certify that for the State of Arkansas, for those activities and programs included in this plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. Subsequent changes in the designation of officials will be provided to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this plan that are under my jurisdiction, we will operate the programs included in this Unified Plan in accordance with this Unified Plan and the applicable assurances described in Section III of this Unified Plan.

Steve Franks, Director, Arkansas Department of Workforce Education
Typed Name, Title, and Agency of Responsible State Official for Vocational
Education



3-29-00

Signature

Date

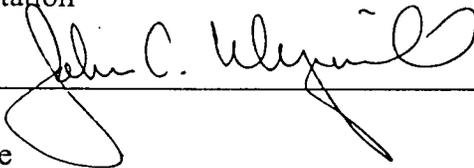
Responsible State Official for Eligible Agency for Vocational Rehabilitation

I certify that for the State of Arkansas, for those activities and programs included in this plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. Subsequent changes in the designation of officials will be provided to the designated program or activity contact as such changes occur.

I further certify that we will operate those activities and programs included in this Unified Plan that are under my jurisdiction in accordance with this Unified Plan and the assurances described in Section III of this Unified Plan.

John C. Wyvill, Commissioner, Arkansas Rehabilitation Services

Typed Name, Title, and Agency of Responsible State Official for Vocational Rehabilitation



3/29/00

Signature

Date

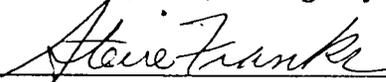
Responsible State Official for Eligible Agency for Adult Education

I certify that for the State of Arkansas, for those activities and programs included in this plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. Subsequent changes in the designation of officials will be provided to the designated program or activity contact as such changes occur.

I further certify that, for those activities and programs included in this plan that are under my jurisdiction, we will operate the programs included in this Unified Plan in accordance with this Unified Plan and the applicable assurances described in Section III of this Unified Plan.

Steve Franks, Director, Arkansas Department of Workforce Education

Typed Name, Title, and Agency of Responsible State Official for Adult Education



3-29-00

Signature

C. Plan Signatures

Responsible State Official for Eligible Agency for Vocational Rehabilitation

I certify that for the State of Arkansas, for those activities and programs included in this plan that are under my jurisdiction, the agencies and officials designated above under "Contact Information" have been duly designated to represent the State/Commonwealth in the capacities indicated for the programs and activities indicated. Subsequent changes in the designation of officials will be provided to the designated program or activity contact as such changes occur.

I further certify that we will operate those activities and programs included in this Unified Plan that are under my jurisdiction in accordance with this Unified Plan and the assurances described in Section III of this Unified Plan.

James C. Hudson, Director, DHS Division of Services for the Blind

Typed Name, Title, Agency of Responsible State Official for Services for the Blind

James C. Hudson 6/5/00

Signature

Date