**Attachment B**

**LEVERAGED RESOURCES CHART**

**NORTH CENTRAL COUNTIES CONSORTIUM**

**WIOA PROGRAM**

**(maximum 3 pts for this section)**

|  |  |
| --- | --- |
| **Name of Bidding Organization:** |  |

Complete the chart below identifying federal and non-federal cash and in-kind resources that will be used to offset operating costs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Provider** | **Budget Category: Adult, DW, Youth** | **Description of Fund Source** | **Type of Resource (in-kind or cash)** | **Amount** |
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