**MOU AUTHORITY AND SIGNATURE PAGE**

It is agreed a completed, signed, and dated MOU Authority and Signature page is required from each MOU signatory official representing a Party to the MOU. Completed MOU Authority and Signature pages are to be submitted to the *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*local workforce development board. All finalized MOU Authority and Signature pages are to be attached to the MOU and are considered a component of the MOU.

The effective period of this MOU is ***Month/Day/Year*** to ***Month/Day/Year***

By signing my name below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, representing

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Party to the MOU, certify that I have read and understand all components that compose this initial, re-negotiated, modified, or renewed MOU. All my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and agreement with:

MOU

Infrastructure Funding Agreement

Operating Budget

By signing this document, I also certify that I have the legal authority to bind my agency (outlined below) to the terms of:

MOU

Infrastructure Funding Agreement

Operating Budget

I understand that this MOU may be executed in counterparts, each being considered an original, and that this MOU expires either:

1. In three (3) years;
2. Upon re-negotiation, renewal, modification, or termination; or
3. On June 30, 20**XX**, whichever occurs earlier.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Signature Date

|  |  |
| --- | --- |
|  |  |

Print Name and Title

|  |  |
| --- | --- |
|  |  |

Agency Name

|  |  |
| --- | --- |
|  |  |

Agency Contact Information

Program funding for this MOU: Federal State Other

If Federal provide CFDA #: \_\_\_\_\_\_\_\_\_\_\_\_.

If State provide appropriation identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.