

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier



9/16/2025

Signature

Date

Heather Croson, Chief Operating Officer, hcroson@rchawv.org

Printed Name, Title, & Email Address

YouthBuild North Central/Randolph County Housing Authority

Partner/Organization Name

Courtney Lambert/304-460-9750/clambert@rchawv.org

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

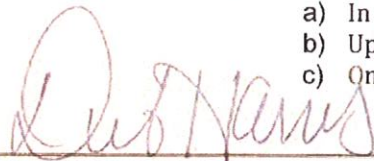
- ☒ and agreement with: The MOU
☒ The Operating Budget
☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
☒ The Operating Budget
☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
b) Upon amendment, modification, or termination, or
c) On June 30, 2026, whichever occurs earlier



Signature

8/21/25

Date

Deb Harris, manager drharris@k12.wv.us

Printed Name, Title, & Email Address

Jobs & Hope WV

Partner/Organization Name

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Signature *Marshall A. Searcy* Date *8/25/2015*

Printed Name, Title, & Email Address Marshall A Searcy President Marshall.Searcy@FairmontPrize.com

Partner/Organization Name Fairmont Prize

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above Tom Jackson Tom.Jackson@FairmontPrize.com

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Diane Heldreth
Signature

8/22/2025
Date

Diane Heldreth Patricia.D.Heldreth@wu.gov
Printed Name, Title, & Email Address

WU DRS
Partner/Organization Name

Diane Heldreth Email above - 304-347-2714
Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Christal Crouso

Signature

8/21/2025

Date

Christal Crouso, Executive Director, ccrouso@fmhousing.com

Printed Name, Title, & Email Address

The Fairmont-Morgantown Housing Authority

Partner/Organization Name

Same as Signatory

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Signature

Date

Printed Name, Title, & Email Address

Partner/Organization Name

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Signature

8/4/25

Date

Carol Phillips, Executive Director carol@wvwomenwork.org

Printed Name, Title, & Email Address

West Virginia Women Work, Inc.

Partner/Organization Name

Kiesha Hines, kiesha@wvwomenwork.org

Local Contact or Designated Regional Contact - Name/Phone/Email Address – If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☐ and agreement with: The MOU
- ☐ The Operating Budget
- ☐ The Infrastructure Funding Agreement (IFA)

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

- ☐ The MOU
- ☐ The Operating Budget
- ☐ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Anne Mezzanotte
Signature

08.04.2025
Date

Anne Mezzanotte, AE Regional Coordinator
Printed Name, Title, & Email Address

anjohnsoo@k12.wv.us

WV Adult Education / Mountain State ESC
Partner/Organization Name

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

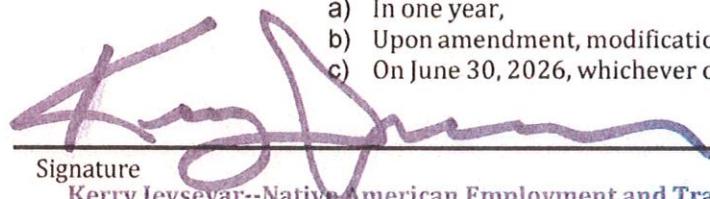
- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier



08/04/2025

Signature

Date

Kerry Jevsevar--Native American Employment and Training (WIOA) Program/Director
kjevsevar@cotraic.org

Printed Name, Title, & Email Address

Council of Three Rivers American Indian Center

Partner/Organization Name

Kerry Jevsevar 412/782-4457 x219 Fax 412/767-4808 kjevsevar@cotraic.org www.cotraic.org

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
☒ The Operating Budget
☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
☒ The Operating Budget
☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
b) Upon amendment, modification, or termination, or
c) On June 30, 2026, whichever occurs earlier

Scott Adkins

Signature

0805-25

Date

Scott Adkins - Acting Commissioner - Scott.A.Adkins@wv.gov

Printed Name, Title, & Email Address

WorkForce West Virginia

Partner/Organization Name

304-989-7781 work cell

RoxAnn Green, Director of Field Operations, 304-865-0396 Desk

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

RoxAnn.Green@wv.gov

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier



Signature

Date

Claudette Karr, Executive Director ckarr@hrdewv.org

Printed Name, Title, & Email Address

Human Resource Development & Employment (HRDE)

Partner/Organization Name

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

Dale Bradley

Signature

August 4, 2025

Date

Dale Bradley, VP for Finance & Administration, dbradley@pierpont.edu

Printed Name, Title, & Email Address

Pierpont Community & Technical College

Partner/Organization Name

William Shockley, 304-333-3642, wshockley@pierpont.edu

Local Contact or Designated Regional Contact - Name/Phone/Email Address – If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

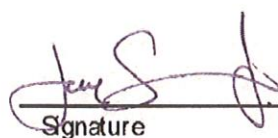
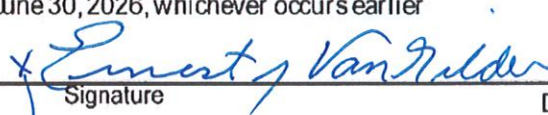
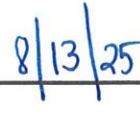
- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier

		
Signature	Signature	Date

Joe Second, WDB Chair

Ernest VanGilder, WDB CLEO

Printed Name, Title, & Email Address

Region VI Workforce Development Board

Partner/ Organization Name

Maria K. Larry, Executive Director - mlarry@region6wv.org

Local Contact or Designated Regional Contact - Name/ Phone/ Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
- ☒ The Operating Budget
- ☒ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
- b) Upon amendment, modification, or termination, or
- c) On June 30, 2026, whichever occurs earlier



08/14/2025

Signature

Date

Patricia McFarland Executive Director pmcfarland@ncwvcaa.org

Printed Name, Title, & Email Address

North Central WV Community Action Association Inc.

Partner/Organization Name

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Authority and Signature

- One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing this agreement, the individual signatory certifies that he or she is authorized to sign on behalf of the Partner organization and that they bind the organization to the faithful performance of this agreement, in its entirety. The signatory also assures on behalf of the Partner organization that it will comply with practices, policies, and procedures regarding client confidentiality, data, security, Drug Free Workplace Policy, Equal Employment Opportunity Regulations, and all required assurances as outlined in the Workforce Innovation and Opportunity Act.

My signature certifies my understanding of the terms outlined herein:

- ☒ and agreement with: The MOU
☒ The Operating Budget
☐ The Infrastructure Funding Agreement (IFA)

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

- ☒ The MOU
☒ The Operating Budget
☐ The Infrastructure Funding Agreement (IFA)

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

- a) In one year,
b) Upon amendment, modification, or termination, or
c) On June 30, 2026, whichever occurs earlier

Cree Lemasters

8-6-2025

Signature

Date

Cree Lemasters, Region 1 Regional Director Cree.H.Lemasters@wo.gov

Printed Name, Title, & Email Address

WV DHS

Partner/Organization Name

Bill Switzer, CSM Marion and Monongahela Counties 304-333-0025

Local Contact or Designated Regional Contact - Name/Phone/Email Address - If Different from Signatory listed above

Misty Cork, CSM, Harrison County 304-326-0275