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My signature certifies m	y understanding o	f the terms of	outlined herein:
--------------------------	-------------------	----------------	------------------

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

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- X The Operating Budget
- The Infrastructure Funding Agreement (IFA)

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- b) Upon amendment, modification, or termination, or

c) On June 30, 2024, whichever occurs earlier

Moua Lavry
Signature

Maria Larry, Exec. Director

Nancy Vandergrift, WDB Chair

Mancy 2. Vandewyfit Ernest / Vangelder

Ernest VanGilder, CLEO

Printed Name and Title

Region VI Workforce Development Board

Partner/Organization Name

Maria K. Larry - 304-368-9530

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Dott (10 10-26-23
Signature
Scott A. Adkins, Arting Commissioner
Printed Name and Title
Partner/Organization Name
Local Contact - Name/Phone

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c) On June 30, 2024, whichever occurs earlier 7/7/2023 Date Carol Phillips, Executive Director Printed Name and Title West Virginia Women Work, Inc. Partner/Organization Name

Carol Phillips/304.598.0114

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Budget Sture Funding Agreement (IFA) I also certify that I have the legal authority to bind my agency rms of: Budget Sture Funding Agreement (IFA)
ture Funding Agreement (IFA) I also certify that I have the legal authority to bind my agency rms of: Budget
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cture Funding Agreement (IFA)
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n one year,
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Date
nity Action Council, Inc.
25-5151
n one year, Upon amendment, modification, or termination, or On June 30, 2024, whichever occurs earlier 07-10-2023 Date nity Action Council, Inc.

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Dosh Doh 7-10-23
Signature
Graham Godwin, Executive Director
Printed Name and Title
Randolph County Housing Authority/ YouthBuild NorthCentral WV
Partner/Organization Name
James Mulligan/304-637-9008

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Camil 900 Cotto
Signature Date
Janie Lou White, Executive Director
Printed Name and Title
Preston County Senior Citizens, Inc.
Partner/Organization Name
Ashley Shreve 304-329-0464
Local Contact Name/Phone

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

Opportunity Regulations, and all required assurances as outlined in the Work Innovation and Opportunity Act.	tforce
My signature certifies my understanding of the terms outlined herein: and agreement with: The MOU The Operating Budget The Infrastructure Funding Agreement (IFA)	
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	07-05-2023
Micole Gerard Executive Director	Date
Printed Name and Title Operation Welcome Home	
Partner/Organization Name Nicole Gerard 304. 657-8510	
Local Contact - Name/Phone	

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a) In one year, b) Upon amendment, modification, or termination, or c) On June 30, 2024, whichever occurs earlier	7/16/23
Signature	Date
Patricia McFarland Executive Director	
Printed Name and Title	
North Central WV Community Action Association Inc	
Partner/Organization Name	
Jennifer Benedum Parr 304-363-2170 ext. 137	
Local Contact - Name/Phone	

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My signature certifies my understanding of the terms out	tlined herein:
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The Operating Budget	
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b) Upon amendment, modification	
c) On June 30, 2024, whichever oc	curs earlier
DocuSigned by:	7/5/2023 21:32:53 EDT
Kevin Madden	
Signature 16ACC8BB606D49E	Date
Kevin Madden	CF0
Printed Name and Title	
National Council on Aging, Inc.	
Partner/Organization Name	
Becky Raspperry	304-218-2873
Local Contact - Name/Phone	

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C) On June 30, 2024, whichever occurs earlier
Cart aus
Signature
Deb Harris, Lead Coordinator
Printed Name and Title
lobs & Hope WV
Partner/Organization Name
Deb 1-tarris 304-558-8833
Local Contact - Name/Phone

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1. (her) 7/5/2003
Signature Date
Stephanie Shart Executive Director
Printed Name and Title
HRDF
Partner/Organization Name
April Pierson
Local Contact - Name/Phone

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Opportunity Regula Innovation and Opp	otions, and all required assurances as cortunity Act.	outlined in the Workforce	
and agr	es my understanding of the terms ou reement with: The MOU erating Budget	:lined herein:	
	rastructure Funding Agreement (IFA)		
(outlined below) to The MC The Op			
	nis MOU may be executed in counterp is MOU expires either: a) In one year, b) Upon amendment, modification c) On June 30, 2024, whichever oc	ı, or termination, or	
P. Claudette Karr	Jessica Thompson	8/14/2023	
Signature		Date	
P. Claudette Karr, Execu	itive Director		
Printed Name and Title			
Human Resource Devel	opment and Employment, Inc.		
Partner/Organization Na	me		
Jessica Thompson, 304-	296-8223 ext 1022		
Local Contact - Name/Ph	one		

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Myshl Crouso 8/14/2023
Signature
Christal Crouso, Executin Director
Frinted Name and Title
The Flirmont-Morgantown Housing Authorty
Partner (I reanization Name
Same 304.363.0860 × 104
Local Contact - Name/Phone

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b) Upon amendment, modification c) On June 30, 2024, whichever occ	
	and curren
Dale Bradley	9/20/23
Signature	Date
Dale Bradley, VP for Finance & Administration	
Printed Name and Title	
Pierpont Community & Technical College	
Partner/Organization Name	
Dale Bradley 304-367-4752	
Local Contact - Name/Phone	

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Stephen Belon 7/19/23
Signature Date
STEPHEN BELAN; DIRECTOR
Printed Name and Title
VETERANG UPWARD BOUND
Partner/Organization Name
STEPHEN RET AN (304) 637-1322

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b) Upon amendment, modificatio. c) On June 30, 2024, whichever o	
aur menjanotte	07.07.23
Signature	Date
Anne Mezzanotte- Adult Edi	ication Regional Coordination
WV Adult Education Mount	ain State ESC
	1-4963
socar contact - Name/Phone	

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Julia Salle 8-17-23	N/MINISTER STATE
Signature	
Julie Sole, Exec. Director	nource
Printed Name and Title	
Partner/Organization Name Julie Sole 304-366-3.213	Sanatoni
Partner/Organization Name	
Julie Sole 304-366-3.213	
Local Contact - Name/Phone	

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Cree Lemasters, Regional Director, BFA North	
ignature Date	
Gree Lemasters, Regional Director, BFA North	
BFA	
artner/Organization Name	
BIII Swiger 304-225-0158	
ocal Contact - Name/Phone	

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8/14/2023 Signature Date

Pisnu Bua-Iam / Director

Printed Name and Title

West Virginia Division of Rehabilitation Services

Partner/Organization Name

Candice Ward - 304-760-7181 or 304-993-7132

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Jame You 1 Stuts 07-01-2023
Signature Date
Janie Lou White Executive Director
Printed Name and Title
Preston County Senior Citizens, Inc.
Partner/Organization Name
Ashley Shreve 304-329-0464
Local Contact - Name/Phone