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 signatury certifies my understanding of the terms outlined herein:

✓ ≠nd agreement v	vith: The MOU	
The Operating B	udget	
The Infrastructu	re Funding Agreement (IFA)	
By signing this document, I a	lso certify that I have the legal authority to	o bind my agency
(outlined below) to the tern	ns of:	
The MOU		
The Operating B	udget	
The Infrastructu	re Funding Agreement (IFA)	
I understand that this MOU n	nay be executed in counterparts, each beir	ng considered an
original, and that this MOU e	xpires either:	
	ne year,	
	on amendment, modification, or termination June 30, 2025, whichever occurs earlier	on, or
mont Allow helde	Louise L. Brings	Maria K. Larry 6/28/2
CLEO Signature	Board Chair Signature	Executive Director Signature
Ernest VanGilder - CLEO	Seneca Raines - Bd Chair	Maria K. Larry - Exec. Director
REGION VI WORKFORCE DEVELO	PMENT BOARD	
Partner/Organization Name		
Maria K. Larry - 304-368-9	530	
Local Contact - Name/Phone		

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My signature certifies my understanding of the terms outlined herei	ein:
---	------

X	and agreement with:	The	MOI
	and agreement with.	1110	MICH

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:

x The MOU

X The Operating Budget

X 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, 2025, whichever occurs earlier

07/09/2024

Date

Signature

Kerry Jevsevar-Director/Native American Employment and Training (WIOA) Program

Printed Name and Title

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

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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 (outlined below) to the terms of:  The MOU  The Operating Budget  The Infrastructure Funding Agreement (IFA)	to bind my agency
I understand that this MOU may be executed in counterparts, each be original, and that this MOU expires either:  a) In one year,  b) Upon amendment, modification, or terminat c) On June 30, 2025, whichever occurs earlier	
Stephen Below	6/18/2024
Signature	Date
STEPHEN BELAN, DIRECTOR	
Printed Name and Title	
VETERANS UPWARD BOUND	
Partner/Organization Name	
STEPHEN BELAN (304) 637-1322	
Local Contact - Name/Phone	

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

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 Operating Budget
The Infrastructure Funding Agreement (IFA)
I and an add at the MOU may be executed in counterparts, each being considered an
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, 2025, whichever occurs earlier
518124
Sign: Jure Date
Clarkania Shart
Printed Name and Title
HRDF. Inc.
Partner/Organization Name
1 April Campbell 601-404-6377
Local Contact - Name/Phone

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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 t (outlined below) to the terms of:	to bind my agency	
The Infrastructure Funding Agreement (IFA)		
I understand that this MOU may be executed in counterparts, each being original, and that this MOU expires either:  a) In one year, b) Upon amendment, modification, or termination, or termin		
aux Memanotte	07.01	. 2024
Signature	Date	
Anne Mezzanotte - Adult Education	Regional	Coordinator
Printed Name and Title		
WY Adult Education   Mountain State	E8C	
Partner/Organization Name		· · · · · · · · · · · · · · · · · · ·
Anne Mezzanotte / 304.841.4943		
Local Contact - Name/Phone		

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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
On June 30, 2025, whichever occurs earlier
O. 1 (10
Signature Date
wight Coburn, Chief Executive Office
Printed Name and Title
outhwestern Community Action Council, Senior Community Services Employment Program
Partner/Organization Name
oron Craham 204 525 5454 koron graham@aaaauu ara

Karen Graham 304 525-5151 karen.graham@scacwv.org

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

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My signature certifies my understanding of the terms outlined herein:

and agreement with: The MOU

The Operati	ng Budget	
✓ The Infrastr	ructure Funding Agreement (I	FA)
By signing this documer	it, I also certify that I have the	legal authority to bind my agency
(outlined below) to the	terms of:	
The MOU		
🖊 The Operati	ng Budget	
	ucture Funding Agreement (I	FA)
I understand that this M	OU may be executed in count	erparts, each being considered an
original, and that this M	OU expires either:	
a)	In one year,	
b)	Upon amendment, modifica On June 30, 2025, whicheve	
- 1 2 11		occurs earner
Dale Bradley		6/4/2024
Signature		Date
Dale Bradley, VP for Fir	nance & Administration	
Printed Name and Title		
Pierpont Community &	Technical College	
Partner/Organization Name		
Dale Bradley 304-3	67-4752	
Local Contact - Name/Phone		

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Partner organization that it will comply with practices, policies, and procedure	
client confidentiality, data, security, Drug Free Workplace Policy, Equal Employ	yment
Opportunity Regulations, and all required assurances as outlined in the Workfo	orce
Innovation and Opportunity Act.	
My signature certifies my understanding of the terms outlined herein:	
X and agreement with: The MOU	
X The Operating Budget	
The Infrastructure Funding Agreement (IFA)	
The limastracture randing rigitement (ii ri)	
By signing this document, I also certify that I have the legal authority to bind m	v agency
(outlined below) to the terms of:	y agoney
X The MOU	
X The Operating Budget	
X The Infrastructure Funding Agreement (IFA)	
The fill astructure I unuling Agreement (II A)	
I understand that this MOU may be executed in counterparts, each being considered	dered an
original, and that this MOU expires either:	
a) In one year,	
b) Upon amendment, modification, or termination, or	
c) On June 30, 2025, whichever occurs earlier	
Potricio Motaland 1 Solar	6/30/2024
Signature	Date
Patricia McFarland Executive Director	
Printed Name and Title	
North Central WV Community Action Association Inc. (NCWVCAA)	
Partner/Organization Name	

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

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, 2025, whichever occurs earlier	
Juliace 7-8-24	
Date	,~ <b>~</b>
rinted Name and Title	-,
The Disability Action Center	
artner/Organization Name	
Julie 801e 304-366-3213	
ocal Contact - Name/Phone	

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

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, 2025, whichever occurs earlier
7 JULY 24
Signature Date
R. Kent Nowviskie, Deputy Commissionel
Printed Name and Title
WU POHS
Partner/Organization Name
Cree Lemasters 304-873-7051
Local Contact - Name/Phone

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

My signature certifies my understanding of the terms outlined herei	in:
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 (outlined below) to the terms of:  The MOU  The Operating Budget  The Infrastructure Funding Agreement (IFA)	y to bind my agency
I understand that this MOU may be executed in counterparts, each b original, and that this MOU expires either:	eing considered an
a) In one year,	
b) Upon amendment, modification, or termin	ation, or
c) On June 30, 2025, whichever occurs earlie	
Vism Bue low	
Fish Bue Lom	7/8/2024
Signature	Date
Pisnu Bua-Iam, Director	
Printed Name and Title	
West Virginia Division of Rehabilitation Services	
Partner/Organization Name	
304-993-7134	
Local Contact - Name/Phone	

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

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 n (outlined below) to the terms of:  The MOU	ny agency
The Operating Budget	
The Infrastructure Funding Agreement (IFA)	
I understand that this MOU may be executed in counterparts, each being consi	dered an
original, and that this MOU expires either:	
a) In one year,	
b) Upon amendment, modification, or termination, or	
c) On June 30, 2025, whichever occurs earlier	
DocuSigned by:	5/14/2024   18:16:09 EDT
Kevin Madden	3/11/2021   10110103 251
Signal are 16ACC8BB606D49E	Date
Kevin Madden	CF0
Printed Name and Title	
National Council on Aging	
Partner/Organization Name	
Becky Raspperry	304.218.2873
Local Contact - Name/Phone	

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

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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 b (outlined below) to the terms of:  The MOU	ind my agency
The Operating Budget	
The Infrastructure Funding Agreement (IFA)	
I understand that this MOU may be executed in counterparts, each being of original, and that this MOU expires either:  a) In one year, b) Upon amendment, modification, or termination, c) On June 30, 2025, whichever occurs earlier	
Washelm	7/8/2024
Signature	Date
Usa Shafter Executive Director	
Printed Name and Title	
RCHA / Youth Build	
Partner/Organization Name	
Courtney lambert 304-437-9008	
Local Contact - Name/Phone	

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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)
The infrastructure runding Agreement (II-A)
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
On June 30, 2025, whichever occurs earlier
7/11/24
Signature Date
Owight Coburn, Chief Executive Office
Printed Name and Title
Courthweatern Community Action Council Senior Community Seniors Employment Brogger
Southwestern Community Action Council, Senior Community Services Employment Program  Partner/Organization Name
r ar thei / Organization Name

Karen Graham 304 525-5151 karen.graham@scacwv.org

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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,
<ul><li>b) Upon amendment, modification, or termination, or</li><li>c) On June 30, 2025, whichever occurs earlier</li></ul>
c) On June 30, 2023, whichever occurs earlier
10cott (de 01-08-24
Signature
Scott Adkins Acting Commissionen
Printed Name and Title
Workforce West Virginia
Partner/Organization Name
Local Contact - Name/Phone

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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, 2025, whichever occurs earlier  5/13/24
Signature Date
Debtlarns, Manager
Printed Name and Title
Jobs & Hope WV
Partner/Organization Name
Debtanis 304-558-8833
Local Contact - Name/Phone

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Innovation and Opportunity Act.		
My signature certifies my understanding of the terms of	outlined herein:	
and agreement with: The MOU		
X The Operating Budget		
The Infrastructure Funding Agreement (IF.	4)	
The fill astructure I unullig Agreement (if I	n.)	
By signing this document, I also certify that I have the l	egal authority to bind my agency	
(outlined below) to the terms of:		
The MOU		
The Operating Budget		
The Infrastructure Funding Agreement (IF.		
The initiastructure runding Agreement (ir.	A)	
I understand that this MOU may be executed in counter	parts, each being considered an	
original, and that this MOU expires either:		
a) In one year,		
b) Upon amendment, modification		
c) On June 30, 2025, whichever	occurs earlier	
_ (Phillip	May 10,2024	
Signature	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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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:
<ul><li>a) In one year,</li><li>b) Upon amendment, modification, or termination, or</li></ul>
c) On June 30, 2025, whichever occurs earlier
Claudetto Kar 07/18/2024
Signature Date
Signature Date  Claudette Karr, Executive Director
Printed Name and Title
HROE Inc.
Partner/Organization Name
Claud Karr 804-296-8523
Local Contact - Name/Phone

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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)
Lundargtand that this MOU may be executed in counterports and being considered an
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, 2025, whichever occurs earlier
Malle Aduell 7/19/2024
Signature Date
Samantha (hadwell tresident
Printed Name and Title
PFLAG FAIR MONT
Partner/Organization Name
Samantha 3046121215
Local Contact - Name/Phone

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

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)
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original, and that this MOU expires either:
a) In one year,
b) Upon amendment, modification, or termination, or
c) On June 30, 2025, whichever occurs earlier
Chush Crouso 7/22/2024
Signature Date
Christel Crouso, Executive Director
Printed Name and Title
The fairmont Morgantown Housis Auchon &
Partner/Organization Name
christil Croyso - 304.348,0840 × 104
Local Contact - Name/Phone
Local Contact - Name/Phone Thurssa Nichols - 304.248,0860× 127