

Authority and Signature Page



With The  
Bureau of Rehabilitation Services  
Maine Department of Labor  
54 State House Station  
Augusta, Maine 04330-0055

On Behalf of the **Bureau of Rehabilitation Services:**

- Division of Vocational Rehabilitation
- Division for the Blind and Visually Impaired

By signing my name below, **I Karen Fraser, Libby Stone-Sterling, Brenda Drummond,** certify that I understand and agree to the full contents of the attached MOU and that all of my questions have been discussed and answered satisfactorily.

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

- The MOU Services Coordination, Referral and Partner Commitments Section
- The Operating Budget
- The Infrastructure Funding Agreement

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

- The MOU Services Coordination, Referral and Partner Commitments Section
- The Operating Budget
- The Infrastructure Funding Agreement

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

- a. In three years,
- b. Upon amendment, modification or termination, or
- c. On June 30, 2023, whichever occurs earlier

*Karen Fraser*

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Karen Fraser, Bureau Director  
[Karen.D.Fraser@maine.gov](mailto:Karen.D.Fraser@maine.gov)

02 / 22 / 2021  
Date  
Phone: 207-623-7961

*Libby Stone-Sterling*

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Libby Stone-Sterling, DVR Director  
[Libby.Stone-Sterling@maine.gov](mailto:Libby.Stone-Sterling@maine.gov)

02 / 22 / 2021  
Date  
Phone: 207-623-7943

*Brenda Drummond*

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Brenda Drummond, DBVI Director  
[Brenda.G.Drummond@maine.gov](mailto:Brenda.G.Drummond@maine.gov)

02 / 22 / 2021  
Date  
Phone: 207-623-7945