

Authority and Signature Page



Memorandum of Understanding
With The
Office of Child and Family Services
Maine Department of Health and Human Services
2 Anthony Avenue
Augusta, Maine 04333-0011

On Behalf of the Community Services Block Grant

By signing my name below, I **Todd Landry**, 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

Todd A. Landry, Ed.D., Director
Todd.A.Landry@maine.gov

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Date
Phone: 207-624-7923