

Authority and Signature Page



northeastern
WORKFORCE DEVELOPMENT BOARD

Memorandum of Understanding

With The

Office for Family Independence
Maine Department of Health and Human Services
109 Capital Street
Augusta, Maine 04333

On Behalf of the Temporary Assistance for Needy Families / Additional Support for People in Retraining and Employment (TANF/ASPIRE) programs

By signing my name below, I Anthony Pelotte, 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

Anthony Pelotte, Director
Anthony.Pelotte@maine.gov

2 / 17 / 2021

Date
Phone: 207-624-4104