AUTHORITY AND COUNTERPART SIGNATURE PAGE
for
Memorandum of Understanding
Between
Southwestern Area Workforce Development Board
And
American Job Center Partners

By signing my name below, I, Marcos Martinez certify that I have read the information and understand the terms contained in the Memorandum of Understanding (MOU) on behalf of my entity,

_____

I also certify that I have the legal authority to bind my agency (outlined below) to the terms of MOU; and understand that the current Resource Sharing Agreement (RSA) will remain in effect until the Infrastructure Funding Agreement (IFA) negotiations with each required WIOA partner are complete.

I understand that this MOU may be executed in counterparts, each being considered an original, and that this MOU expires either by providing written notice by any party to the MOU or on June 30, 2024.

Signature _____ Date 10/26/22

Marcos Martinez Division Director
Printed Name and Title

New Mexico Department of Workforce Solutions
Agency Name

Agency Contact Information