**Cover Page for Submittal of MOU Amendments**

**and Annual One-stop Operating Budgets**

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**[Name of local workforce board]**

**AND**

**Local Required Partners under the Workforce Innovation and Opportunity Act (WIOA)**

**This cover page is intended for use any time the MOU is amended.**

**Amendment No. \_\_**

Pursuant to the Workforce Innovation and Opportunity Act of 2014, the signatories are the Parties to the Memorandum of Understanding for integrated delivery of federally funded workforce services in Local Area # , effective Click or tap to enter a date., (MOU). In accordance with Section 13 of the MOU, the Parties hereby mutually agree to this Amendment No. Click or tap here to enter text., which is set out in its entirety as follows:

1. Section(s) #\_\_\_\_\_\_ of the MOU are hereby revised and replaced with amended Section(s) #\_\_\_\_\_\_ as provided in Attachment \_1\_ of this Amendment No. \_\_.
2. IDES Non-Disclosure Agreement is attached hereto as Attachment \_2\_ of this Amendment No. \_\_ and is incorporated by reference into the MOU.
3. All terms, conditions, provisos, covenants and provisions of the MOU other than those expressly modified by this Amendment No. \_\_ shall remain in full force and effect as written. In the event of conflict, this Amendment No. \_\_ shall prevail.

IN WITNESS WHEREOF**,** the Parties have executed this Amendment No. \_\_ on the date of last signature.

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| ***Note****: Please spell out the names of agencies, titles, required partner programs and organizations. Do not use abbreviations or acronyms on MOU signature pages. Also, please do not include with your submission any blank signature pages of partners not included as a party to the MOU in your local area. When submitting MOU Amendments, all signature pages should immediately follow the submitted cover page.*  **Local Workforce Innovation Board Chair** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Local Workforce Innovation Board Chair** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Chief Elected Official** | | |
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| **Title IB – Adult, Dislocated Worker, Youth** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Individual Who Negotiated the Local MOU for Title IB**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Title II – Adult Education and Literacy** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Title II**  **If Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Title III – Employment Programs under Wagner-Peyser,**  **Illinois Department of Employment Security** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Individual Who Negotiated the Local MOU for Title III – Wagner-Peyser**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Title IV – Rehabilitation Services,**  **Illinois Department of Human Services** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Title IV – Rehabilitation Services if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Post-Secondary Career and Technical Education under Perkins** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for Post-Secondary Perkins**  **If Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Unemployment Insurance,**  **Illinois Department of Employment Security** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Unemployment Insurance**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Job Counseling, Training and Placement Services for Veterans,**  **Illinois Department of Employment Security** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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| **Individual Who Negotiated the Local MOU for Veterans Activities**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Trade Readjustment Allowance (TRA),**  **Illinois Department of Employment Security** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Trade Readjustment Act**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Trade Adjustment Assistance (TAA)** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for Trade Adjustment Assistance**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Migrant and Seasonal Farmworker Program,**  **Illinois Department of Employment Security** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Migrant and Seasonal Farmworker Program if Different than the Signatory Above** | | |
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| **National Farmworker Jobs Program** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for National Farmworker Jobs Program if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Community Services Block Grant (CSBG) Program** | | |
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| **Individual Who Negotiated the Local MOU for CSBG Program**  **if Different than the Signatory Above** | | |
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| **Senior Community Services Employment Program (SCSEP)** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for SCSEP**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Temporary Assistance for Needy Families (TANF),**  **Illinois Department of Human Services** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for TANF**  **if Different than the Signatory Above** | | |
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| **Second Chance Program,**  **Illinois Department of Corrections** | | |
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| Signature |  | Printed Name |
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| **Individual Who Negotiated the Local MOU for Second Chance Program**  **if Different than the Signatory Above** | | |
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| **Housing and Urban Development Employment and Training Activities** | | |
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| **Individual Who Negotiated the Local MOU for HUD Employment & Training**  **if Different than the Signatory Above** | | |
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| **Job Corps** | | |
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| **Individual Who Negotiated the Local MOU for Job Corps**  **if Different than the Signatory Above** | | |
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| **YouthBuild** | | |
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| **Individual Who Negotiated the Local MOU for YouthBuild**  **if Different than the Signatory Above** | | |
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| **Other Party to the MOU:** | | |
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