**Instructions for MOU signature pages**:

* Spell out names of agencies, titles, required partner programs and organizations.
* Do not use abbreviations or acronyms.
* Do not include with your submission any blank signature pages of partners not included as a party to the MOU.
* When submitting MOU Amendments, all signature pages should immediately follow the submitted cover page.

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| **Local Workforce Innovation Board Chair** | | |
|  |  |  |
| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization | | |

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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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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Chief Elected Official** | | |
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| **Chief Elected Official** | | |
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| Signature |  | Printed Name |
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| **Title IB – Adult, Dislocated Worker, Youth** | | |
|  |  |  |
| Signature |  | Printed Name |
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| Title |  | Date |
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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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| Organization | | |

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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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| **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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| Organization | | |

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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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| Title |  | Date |
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| **Post-Secondary Career and Technical Education under Perkins** | | |
|  |  |  |
| Signature |  | Printed Name |
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| Title |  | Date |
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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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| **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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| **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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| **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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| Title |  | Date |
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| **Trade Adjustment Assistance (TAA)** | | |
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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 Adjustment Assistance**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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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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| Signature |  | Printed Name |
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| Title |  | Date |
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| **National Farmworker Jobs Program** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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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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| **Community Services Block Grant (CSBG) Program** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for CSBG Program**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Senior Community Services Employment Program (SCSEP)** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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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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| Title |  | Date |
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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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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for TANF**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Second Chance Program,**  **Illinois Department of Corrections** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Second Chance Program**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Housing and Urban Development Employment and Training Activities** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for HUD Employment & Training**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Job Corps** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for Job Corps**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **YouthBuild** | | |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Individual Who Negotiated the Local MOU for YouthBuild**  **if Different than the Signatory Above** | | |
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| Signature |  | Printed Name |
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| **Other Party to the MOU:** | | |
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| Signature |  | Printed Name |
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*If submitting an electronic signature, check the box below. Failure to do so will result in a rejection of the signature page.*

By checking this box, I affirm that I have followed the protocol for submitting an electronic signature as described in the Governor’s Guidelines to State and Local Program Partners Negotiating Costs and Services Under the Workforce Innovation and Opportunity Act (WIOA) of 2014 and any supplemental guidance for negotiating annual costs and services under WIOA.

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