



Monterey County Workforce Development Board

WIOA Sub-Recipients Authorized Signatures for Contracts & Reimbursement Claims

Name of Agency: _____

Mailing Address: _____

Phone Number: _____

Date: _____

The following named individual(s) are authorized to sign WIOA contracts and reimbursement claims on behalf of our agency:

	Authorized to Sign Contracts:	Authorized to Sign Claims:
1. _____ <i>Print Name and Title</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

2. _____ <i>Print Name and Title</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature

3. _____ <i>Print Name and Title</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature

I certify that the above-mentioned individual(s) are authorized to sign WIOA contracts and claims.

Print Name of Authorizing Official

Print Title of Authorizing Official

Signature

Date