Attachment 4: Signature Page

Georgia Mountains Workforce Development, Area 2

The undersigned hereby agree to adhere to all applicable federal, State, and local laws, regulations, and policies in performing any duty associated with the funds made available to under the Workforce Innovation and Opportunity Act.

Name: _____

Title: Local Workforce Area Director

Entity Representing: Georgia Mountains Area 2

Signature: Andrea C. Gibby

Name: Thomas Bridges

Title: Chief Local Elected Official

Entity Representing: _____

Signature: _____

Name: Andrea Gibby

Title: Local Workforce Development Board

Entity Representing: _____

Signature: _____