

ATTACHMENT E2

Budget Modification Authorization Form <i>Authorization for Designee to Sign Budget Modifications</i>

American Recovery and Reinvestment Act (ARRA) Plan Funded through the Department of Workforce Development

_____ **Greater New Bedford Workforce Investment Board, Inc.** _____
Name of Workforce Investment Board

It is agreed by all parties having signed below that the ARRA Budget may be amended or modified by the undersigned as necessary. This authority shall be granted for the duration of the plan and effective through June 30, 2011.

PRINCIPAL SIGNATORIES

Typed Name: Mayor Scott W. Lang

Chief Elected Official (or Designee) *[Signature]* _____ *5/27/09*
Date

Typed Name: David DeJesus, Jr.

Workforce Investment Board Chair (or Designee) *[Signature]* _____ *5/26/09*
Date

Typed Name: Leonard Coriaty

Local Workforce Investment Board Director (or Designee) *[Signature]* _____ *5/26/09*
Date

Typed Name: Joseph Notini

DCS Regional Manager *[Signature]* _____ *5/26/09*
Date

Typed Name: Steven Grant

Title I Fiscal Agent (or Designee) *[Signature]* _____ *5/26/09*
Date

AUTHORITY TO SIGN ARRA BUDGET MODIFICATIONS GRANTED TO

Typed Name: Leonard Coriaty

Name of Individual/Entity *[Signature]* _____ *5/26/09*
Date

Typed Name: Steven Grant

Name of Individual/Entity *[Signature]* _____ *5/26/09*
Date