

## ATTACHMENT C

### MassHire Career Center Certification Sign Off\*

MassHire Workforce Board: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_  
(Please Print) (Please Sign)

MCC:	MCC:	MCC:
Address:	Address:	Address:
Contact: Email: Telephone:	Contact: Email: Telephone:	Contact: Email: Telephone:
Confirmation of Certification:	Confirmation of Certification:	Confirmation of Certification:
Date:	Date:	Date
Certification Period:	Certification Period:	Certification Period:

\* Please submit to Lisa Caissie on or before June 30, 2021 indicating each MassHire Career Center in your area has been certified