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| **Statement of Compliance Form** |

As the authorized signatory official for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Submitting Firm/ Lead Organization

I hereby certify that:

* the above-named proposer is legally authorized to submit this application requesting funding under WIOA (the legal signatory for the organization applying).
* the above-named proposer does hereby agree to execute all work related to this application in accordance with WIOA, U.S. Department of Labor, State of Washington Employment and Training issuances, WDC policies and guidelines, and other administrative requirements issued by the Governor of the State of Washington. The vendor shall notify the WDC within 30 calendar days after issuance of any amended directives if it cannot so comply with the amendments; and
* the above-named proposer will ensure special efforts to prevent fraud and other program abuses, such as but not limited to, deceitful practices, intentional misconduct, willful misrepresentation and improper conduct which may or may not be fraudulent in nature; and
* the contents of the application are truthful and accurate and the above named proposer agrees to comply with the policies stated in this application; and that this application represents a firm request subject only to mutually agreeable negotiations; and that the above-named proposer is in agreement that the WDC reserves the right to accept or reject any proposal for funding; and that the above-named proposer has not been debarred or suspended from receiving federal grants, contracts, or assistance; and that the above-named proposer waives any right to claims against the members and staff of the WDC.

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**Authorized Representative Signature**

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| **Typed Name/Title** |