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| STATEMENT OF COMPLIANCE FORM |

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

(*Bidding Organization*)

I hereby certify:

* That the above-named bidder is legally authorized to submit this proposal and funding request;
* That the above-named bidder agrees to execute all work related to this application in accordance with federal, state, and Workforce Development Council of Seattle-King County (WDC) policies and guidelines. The bidder shall notify the WDC within 30 calendar days after issuance of any amended directives if it cannot comply with amendments;
* That the above-named bidder will ensure special efforts to prevent fraud and other program abuses, including but not limited to deceitful practices, intentional misconduct, willful misrepresentation and improper conduct which may or may not be fraudulent in nature;
* That the contents of the proposal are truthful and accurate, and the above-named bidder agrees to comply with the policies stated in this RFP;
* That this proposal represents an actual request subject only to mutually agreeable term negotiation outcomes and that the above-named bidder is in agreement that the WDC reserves the right to accept or reject any proposal for funding;
* That the above-named bidder has not been debarred or suspended from receiving federal grants, contracts, or assistance; and
* That the above-named bidder waives any right to claims against the individual Board members and staff of the WDC.

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| **Name of Authorized Representative** |  | **Title of Authorized Representative** | | |
|  |  |  | | |
| **Signature of Authorized Representative** |  | **Telephone Number** |  | **Date** |