



STATEMENT OF COMPLIANCE FORM

As the authorized signatory official for _____, submitting a
(Submitting Organization)
proposal for _____.
(Title of Request for Proposal)

I hereby certify:

- That the above-named proposer is legally authorized to submit this application requesting funding under the Workforce Innovation and Opportunity Act (the legal signatory for the organization applying).
- That the above-named proposer does hereby agree to execute all work related to this application in accordance with the Workforce Innovation and Opportunity Act, U.S. Department of Labor, State of Washington Employment and Training issuances, Workforce Southwest Washington policies and guidelines, and other administrative requirements issued by the Governor of the State of Washington. The vendor shall notify the WSW within 30 calendar days after issuance of any amended directives if it cannot so comply with the amendments.
- That 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.
- That the above-named proposer has read and agrees to the WSW Sample Contract Boilerplate (available upon request). If the proposer does not agree with contract clauses, proposer must notify WSW prior to proposal due date.
- That the contents of the application are truthful and accurate; that the above-named proposer agrees to comply with the policies stated in this application; that this application represents a firm request subject only to mutually agreeable negotiations; that the above-named proposer is in agreement that the WSW reserves the right to accept or reject any proposal for funding; 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 Workforce Southwest Washington.

Authorized Representative Signature

Date

Typed Name and Title