

STATEMENT OF COMPLIANCE

I hereby certify:

1. That the proposer is duly approved to submit this application requesting funding under the WIOA.
2. That the proposer does hereby agree to execute all work related to this application in accordance with the WIOA grant, the NC Division of Workforce Solution policies, HCWDB policies and guidelines, and other administrative requirements issued by the Governor of North Carolina. The proposer shall notify the HCWDB within 30 calendar days after issuance of any amended directives if it cannot comply with the amendments.
3. That the 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.
4. That the contents of the application are truthful and accurate, and the above-named proposer agrees to comply with the policies stated in this application.
5. That this application represents a firm request subject only to mutually agreeable negotiations; and
6. That the proposer is in agreement that the HCWDB reserves the right to accept or reject any proposal for funding; and
7. That the proposer has not been debarred or suspended from receiving federal grants, contracts, or assistance; and that if awarded a contract for the service, assures that no sub-contracts, grants or assistance will be made, or permitted to any debarred or suspended organization as provided under Executive Order 12549.

Authorized Signature

Printed Name

Title

Organization

.....
_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of Principal(s)

Name(s) of Principal(s)

Date

Official Signature of Notary

(Official Seal)

_____, Notary Public
Printed Name

My commission expires: _____