

## ATTACHMENT D – Statement of Compliance

As the authorized signatory official for:

(Submitting / Lead Organization)

I hereby certify:

1. That the above-named proposer is legally authorized to submit this application requesting funding under WIOA Title 1-B procurement.
2. 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 Wisconsin Department of Workforce Development Division of Employment and Training, Workforce Development Board of South Central Wisconsin (WDBSCW) policies and guidelines, and other administrative requirements issued by the State of Wisconsin Department of Workforce Development or governing authority. The vendor shall notify the WDBSCW within 30 calendar days after issuance of any amended directives if it cannot so comply with the amendments; and,
3. 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; and,
4. That the contents of the application are truthful and accurate and the above-named proposer agrees to comply with the provisions and 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 WDBSCW 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 WDBSCW.

Authorized Representative Signature:

Authorized Representative Name:

Authorized Representative Title:

Date: