



AFFIRMATION & CERTIFICATION

I affirm that the information within this proposal is true and accurate to the best of my knowledge. I acknowledge that I have read and understood the specifications and requirements of the Request for Proposal (RFP), and that my organization is prepared to deliver the proposed activities as described herein. Further, I certify that I am duly authorized to submit this proposal on behalf of my organization. I also understand that by signing any contract initiated as a result this proposal, my organization is responsible for meeting each deliverable objective set forth in this RFP and/or established Federal, state and local Workforce Innovation and Opportunity Act directives. I fully affirm and understand that failure to deliver on the objectives set forth in this RFP and my organization's proposal may result in my organization's contract being terminated.

CONFLICT OF INTEREST

I also affirm that that no individuals involved in writing, preparing, researching, and/or submitting any part of this proposal are members of Workforce Connections' Board, Programs Committee, Finance and Budget Committee, Executive Committee, Local Elected Officials Consortium, consultants, and/or staff currently employed or employed within the last twenty-four (24) months. I fully certify that the organization listed below has no such conflict of interest as stated here and in the RFP.

(Please Print)

Name of Organization: _____

Name: _____

Title: _____

Authorized Signature: _____ **Date:** _____