**Statement of Compliance Form**

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

 Submitting Lead Organization

I hereby certify:

That the above-named proposer is legally authorized to submit this application requesting funding

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, Commonwealth of Pennsylvania Department of Labor and Industry issuances, Temporary Assistance for Needy Families, NWPA Job Connect policies and guidelines, and any other relevant administrative requirements issued by the Governor of the Commonwealth of Pennsylvania.

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

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 and that this application represents a firm request subject only to mutually agreeable negotiations; and that the above-named proposer is in agreement that NWPA Job Connect reserves the right to accept or reject any proposal for funding; and that the above-name 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 or staff of NWPA Job Connect.

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Typed Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date