### ATTACHMENT A: PROPOSAL COVER SHEET AND CERTIFICATION

Name of Lead Agency/Organization: Click here to enter text.

Partnership Agency (if applicable): Click here to enter text.

Mailing Address: Click here to enter text.

Contact Person: Click here to enter text.

Title of Contact Person: Click here to enter text.

Telephone Number: Click here to enter text.

E-mail Address: Click here to enter text.

Funding Category and Amount:

☐ Adult Program Services $Click here to enter text.

☐ Dislocated Worker Program Services $Click here to enter text.

☐ OSY Program Services $Click here to enter text.

I hereby certify:

* That the bidder(s) mentioned earlier is legally authorized to submit this proposal requesting funding under WIOA;
* That the bidder(s) mentioned earlier agrees to execute all work related to this application in accordance with WIOA, U.S. Department of Labor, State of Washington Employment and Training issuances, Benton-Franklin Workforce Development Council (BFWDC) policies and guidelines, and other administrative requirements issued by the Governor of the State of Washington. The bidder(s) shall notify the BFWDC within 30 calendar days after issuance of any amended directives if it cannot comply with amendments;
* That the above-named bidder(s) will ensure special efforts to prevent fraud and other program abuses, including but not limited to deceitful practices, intentional misconduct, willful misrepresentation, and improper conduct, which may or may not be fraudulent in nature;
* That the contents of the proposal are truthful and accurate, and the above-named bidder(s) agrees to comply with the policies stated in this RPF;
* That this proposal represents an actual request subject only to mutually agreeable term negotiation outcomes and that the above-named bidder(s) agrees that the BFWDC reserves the right to accept or reject any proposal for funding;
* That the above-named bidder(s) has not been debarred or suspended from receiving federal grants, contracts, or assistance; and
* That the above-named bidder(s) waives any right to claim against the individual Board members and staff of the BFWDC.

 I, affirm that no employee and/or BFWDC Council Member or officer of any governmental agency has any financial or other interest in this organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Telephone Number Date