

Statement of Compliance Form

As the authorized signatory official for: _____
(Insert organization name)

I hereby certify:

- That the above-named respondent is legally authorized to submit this application requesting funding under the Workforce Innovation and Opportunity Act;
- That the above-named respondent 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, Illinois Department of Commerce and Economic Opportunity issuances, Local Workforce Development Board policies and guidelines, and other administrative requirements issued by the Governor of the State of Illinois. The vendor shall notify the WDB within 30 calendar days after issuance of any amended directives if it cannot so comply with the amendments; and
- That the above named respondent 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 respondent 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 respondent is in agreement that the WDB reserves the right to accept or reject any proposal for funding; and that the above-named respondent has not been debarred or suspended from receiving federal grants, contracts, or assistance; and that the above-named respondent waives any right to claims against the members and staff of the Local Workforce Development Board and The Partnership.

Typed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date