

Certification/Signature Page

Attachment F

WIOA Adult & Dislocated Worker

I hereby certify the following:

1. I have read and agree to abide by the *WDB Assurances* including E-Verify requirements and Complaint and Grievance Procedures (found at <https://wdbnorthmo.org/2026rfp1>).
2. I agree to abide by all *WDB Administrative and Program Procedures*.
3. I have reviewed the Office of Workforce Development's WIOA Equal Opportunity Training (found at www.wdbnorthmo.org/2026rfp1)
4. I possess the legal authority to represent _____
Name of Organization
5. All information presented in this response is true and correct and shall be open to verification by the Workforce Development Board of North Missouri.
6. All projected costs are reasonable and necessary for the proposed program, activity, and/or service. Workforce Innovation and Opportunity Act funds requested will not duplicate other funds already available, or which will be available, to pay any projected costs.
7. Should this proposal be approved, _____
Name of Organization
agrees to abide by the Workforce Innovation and Opportunity Act, Department of Labor 20 CFR Part 652, and State and local guidelines as applicable to the Act.

SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE

Signature _____

Printed Name

Title

Date