Statement of Qualifications – ECSDW

[Add LWDB Name to the Header]

The Local Workforce Development Board (LWDB) attests that (please check all of the following):

☐ It is either an Incorporated Local Workforce Development Board or an Unincorporated Local Workforce Development Board with the local area's WIOA grant recipient or fiscal agency as the official grantee for this award.

☐ It has obligated 80% of its dislocated worker funding for Program Year 2015 (PY15) at the time of obligation.

Enhanced Career Services for Dislocated Worker Implementation Plan:

1. LWDB:

2. Dislocated worker population to be recruited and served, highlighting any special populations served:

3. Dislocated worker enhanced career services need:

4. Enhanced career services to be provided:

5. LWDB staff or partners that will ensure enhanced career service provision:

6. Proposed outcomes for participants:

7. Past performance in working with and servicing the stated target population, in providing or coordinating similar services for the target population, and evidence of current/past award amounts, performance goals and performance outcomes:

8. Check here if a cost projection based on proposed transitional employment opportunities is attached

   ☑

Signatory Page

As a condition of receiving funding under this solicitation, my signature below certifies full compliance with all applicable state and federal rules and regulations including but not limited to those identified in this RFQ and associated attachments, including any subsequent amendments, as well as the following regulations and cost principals:

- 2 CFR Part 200; Uniform Administrative Requirements, Cost Principals and Audit Requirements
- 2 CFR Part 2900; DOL Exceptions to 2 CFR Part 200

Local Workforce Development Board:

_____ _____

(Signature of Official) **(Date)**

_____ _____

(Print Name of Signing Official) **(Job Title of Signing Official)**

If Unincorporated Local Workforce Development Board, local area's WIOA grant recipient or fiscal agency:

_____ _____

(Signature of Official) **(Date)**

_____ _____

(Print Name of Signing Official) **(Job Title of Signing Official)**