

Technical Section – IWT

[Add Applicant Organization Name to the Header]

The applicant organization attests that (please check all of the following):

- It is a private sector for-profit or not-for-profit business, local workforce investment board, or a workforce development training provider with two or more employees (principles of corporations and owners of business such as sole proprietors or partners are not considered to be employees for this criterion).
- It is headquartered in New York State or has at least one site located in New York State at the time of application.
- It is in good standing for Unemployment Insurance (UI), Worker Adjustment and Retraining Notification (WARN), Public Work, Labor Standards, Safety and Health, NYS Dept of State Division of Corporations, Workers Compensation, and Disability Insurance.
- None of the funds being requested under this application will be used in the relocation of employment from facilities in other locations which will result in an employee losing his or her job at the original location.
- The proposal was developed by the applicant and all language therein is presented at the request of the applicant.
- It is responsible for recruiting and ensuring the participation of dislocated workers as defined in the RFA.
- Tuition charges and other fees will not be charged to dislocated workers served under this training program.
- It understands it must register in the Grants Gateway system (<https://grantsgateway.ny.gov>) no later than the due date for the submission of applications and that not-for-profits have the additional task of being pre-qualified by the due date for the submission of applications. Missing this Grants Gateway system deadline will render the application ineligible to be reviewed.
- Incumbent Workers will be retained by the business(es) and will continue to work in NYS upon completion of the training.
- If any of the incumbent worker(s) targeted for training in this application are laid off within one year of the end date of the resulting contract, the applicant will be liable for the reimbursement to the State of the cost of the training associated with the laid-off incumbent worker(s).
- It developed the application after it conducted an assessment of skill based training needs.
- The incumbent workers targeted under this application are existing employees of the business, not independent contractors or contract employees.
- The training(s) will take place on company time and incumbent workers will be compensated at no less than their normal rate of pay while they are attending training.
- It will comply with New York State labor law and Federal law for the protection of workers.
- If awarded, job openings that occur during the contract period will be listed with the NYSDOL Job Bank. To place a job order go to:
<http://www.labor.ny.gov/businessservices/services/perm.shtm>

10. Connection with local Career Centers to assist with the identification of the location and availability of the target population. (6 points)

11. The cooperation or commitment from other service providers. (4 points)

12. The staff that will ensure the completion of the proposed training program. (5 points)

13. The ability to provide the training program as proposed. (5 points)

14. The fiscal abilities and experience indicating current or past awards received, the award amounts, and the ability to meet the performance goals and attaining outcomes to these other awards. (5 points)

15. Training Work Plan including specific training modules as well as dislocated worker outcomes. (15 points)

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

(Signature of Official)

(Date)

(Print Name of Signing Official)

(Job Title of Signing Official)