# ATTACHMENT H CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed name) certify that I am the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed title) of the eligible entity named as bidder and respondent herein, and I am legally authorized to sign and submit this proposal to Workforce Solutions Capital Area (WFS) on behalf of said organization by authority of its governing body.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed name) who signed the cover sheet of this proposal has the legal authority to enter into and execute a contract with WFS to provide the services and activities authorized and detailed in this proposal. I agree to submit upon request by WFS such information and documentation as may be necessary to verify the certification contained herein.

I further certify that the information contained in this proposal and all attachments is true and correct. I certify that no officer, employee, board member, or authorized agent of WFS has assisted in the preparation of this proposal. I acknowledge that I have read and understand the requirement and provisions of this RFQ and that this organization will comply with all applicable federal, state, and local laws, rules, regulations, polices and directives in the implementation of this proposal. I certify that I have reach and understand the governing provisions, limitations and administrative requirements of this RFQ and will comply with all terms and conditions.

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

Name of Organization (Proposer)

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

Signature of Authorized Representative

Date

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

Typed/Printed Name and Title of Authorized Representative