# ATTACHMENT B CERTIFICATION OF PROPOSER

I hereby certify that the information contained in this proposal and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management and financial systems of this organization. I certify that no employee of Workforce Solutions has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of the RFQ and that the organization will comply with applicable local, state and federal regulations and directives in the implementation of the program. I also certify that I have read and understand the Limitations and Condition section presented in this RFQ and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

1, certify that I am the

(Typed Name)

of the corporation, partnership, organization, or other

(Typed Title)

entity named as Respondent herein and that I am authorized to sign this proposal and submit it to the Workforce Solutions Capital Area Workforce Board on behalf of said organization by authority of its governing body.

(Signature)

(Address)

(Phone)