## ATTACHMENT H - CERTIFICATION OF PROPOSER

I hereby certify that the information contained in this application and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I certify that no employee of Workforce Solutions Capital Area (WFS), executive or agent has assisted in the preparation of this application. I acknowledge that I have read and understand the requirements and provisions of the RFA and that this organization will comply with WFS policies and other applicable local, state, and federal regulations and directives governing this procurement process.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Typed Name) (Title)

of the corporation, committee, commission, association, or public agency named as Proposer herein and that I am authorized to sign this proposal and submit it to WFS on behalf of said organization by authority of its governing body or owners. I authorize Capital Area to verify references and stated performance data and to conduct other background checks, as it deems necessary.

ATTEST:

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

(Proposer’s Signature) (Collateral Signature)

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(Typed Name) (Typed Name)

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(Date) (Date)