**Attachment A**

**AFFIRMATION & CERTIFICATION**

I affirm that the information within this proposal is true and accurate to the best of my knowledge. I acknowledge that I have read and understood the specifications and requirements of the Request for Proposal (RFP), and that my organization is prepared to deliver the proposed activities as described herein. Further, I certify that I am duly authorized to submit this proposal on behalf of my organization. I also understand that by signing any contract initiated as a result this proposal, my organization is responsible for meeting each deliverable objective set forth in this RFP and/or established federal, state and local Workforce Investment Act directives. I fully affirm and understand that failure to deliver on the objectives set forth in this RFP and my organization’s proposal may result in my organization’s contract being terminated.

**CONFLICT OF INTEREST**

I also affirm that that no individuals involved in writing, preparing, researching, and/or submitting any part of this proposal are members of Southern 14 Workforce Investment Board of Directors, Programs Committee, Budget & Finance Committee, Executive Committee, Local Elected Officials Committee, consultants, and/or staff currently employed or employed within the last twenty-four (24) months. I fully certify that the organization listed below has no such conflict of interest as stated here and in the RFP.

If there is a conflict of interest please disclose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_