

Northern Area Local Workforce Development Board
Program Year 2024

Application Form

On behalf of:

____ Bidder Organization

Street Address

Mailing Address

____ City State Zip Code

Proposed Service

I am submitting the attached proposal for the delivery of Program Year 2024 services funded under the Workforce Innovation and Opportunity Act of 2014, PL 113-128 and its accompanying regulations, and I certify that I am authorized by the bidder to bind them to this proposal.

I certify that the contents of the application are truthful and accurate and the above named bidder agrees to comply with the policies stated in this application; and that this application represents a firm request subject only to mutually agreeable negotiations; and that the above named bidder is in agreement that the Northern Area Local Workforce Development Board reserves the right to accept or reject any proposal for funding; and that the above-named bidder has not been debarred or suspended from receiving federal grants, contracts, or assistance and that the above-named bidder waives any right to claims against the Chief Elected Officials (CEO), members and staff of the Northern Area Local Workforce Development Board, Inc.

I understand that the Northern Area Local Workforce Development Board or the CEO has no obligation to fund this proposal and that no obligation will exist until a contract has been negotiated and entered. Upon issuance of a contract, I certify I will carry out the goals of the program according to the terms and conditions set forth in the contract and modifications thereto, including the Project Design and the Budget. I further certify that agency officials listed below are authorized to negotiate a binding contract for the bidder and will be available during proposal evaluation.

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

Signature _____
