



Part III: Applicant Declaration

A. Authorizing Official

Name of Provider _____
Date: _____
Authorized Signatory: _____
Title: _____
Phone Number: _____
E-Mail: _____

B. Non-Discrimination and Equal Opportunity Assurances

The training provider assures that it will comply with all non-discrimination and equal opportunity provisions of the laws listed below:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, Title 29 CFR Part 38, Non-Discrimination and Equal Opportunity Regulations prohibits discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical condition, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; and/or against any beneficiary programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title I financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of age;
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on basis of sex in educational programs;
- The Americans with Disabilities Act Amendments (ADAAA of 2009) is a civil rights law that was originally passed by Congress in 1990 (as the Americans with Disabilities Act-ADA) and protects individuals with disabilities from discrimination in the workplace, as well as school and other setting, it prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation and telecommunications;
- 29 CFR Part 38 and all other regulations impeding the laws listed above, and;
- The assurance applies to the grant applicant's operation of WIOA Title I financially-assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

C. Additional Assurances

The training provider also assures that they will fully comply with the following additional provisions:

- The provider will provide additional information if requested by The Workforce Development Board or OhioMeansJobs;
- The provider will follow state and local policies governing the ITA process;
- The provider may bill according to the section V. of the Area 11 Approved Training Provider Policy;
- Items requested by WDBCO or OMJ may include, courses taken, exams taken, and certifications obtained. The provider will forward program information to the career coach as requested.

- The provider agrees to cooperate with scheduled/unscheduled monitoring visits by WIOA staff or their funding organizations; and
- The provider agrees not to withhold client certifications or the ability to take certification exams based on waiting for payments from WDBCO or OMJ.
- The provider understands they are now required to post an Equal Opportunity Poster (11x14) in their training facility. This information will be sent to your organization by way of email and must be printed and posted in area of high traffic area of your facility.
- The provider understands they are subject to completing a WIOA Contractor/Provider EO/ADA Evaluation Tool.
- The provider understands they are subject to onsite monitoring review for compliance with WIOA EO provisions.

D. Attachments

- Evidence of Good Standing, if applicable
- Evidence of Accreditation
- Course Catalogue
- Refund Policy

E. Attestation

As the _____ of _____
(Title) (Affiliation)

I hereby attest that I have read the WIOA Title I Policies applicable to Area 11, The Workforce Development Board of Central Ohio and that the information contained in this application is true and correct to the best of my knowledge.

(Name)

(Date)