

**CERTIFICATION OF EQUAL OPPORTUNITY AND EQUAL ACCESS**

Name of the Organization/Entity: \_\_\_\_\_

I understand that I will be held accountable for the information provided by my organization in this application.

As a condition to the award of financial assistance under funding received from the Department of Labor, the proposing agency assures, with respect to operation of the Workforce Investment Act (WIA)/Workforce Transition (WT) funded program(s) or activity(ies) and all agreements of arrangements to carry out the specific funded program(s) or activity(ies), that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Investment Act of 1998; Personal Responsibility and Work Opportunity Reconciliation Act of 1996; Workforce Florida Act of 2000; Title IV of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR Pat 34. The United States and the State of Florida has the right to seek judicial enforcement of this issuance.

I certify that I am authorized to sign this proposal on behalf of the above referenced entity/organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Title