

ATTACHEMENT A – Applicant Certification Form

Bureau of Labor and Industries
Future Ready Oregon

Applicant must complete this form as part of the application process and provide any supporting documentation requested by Agency. Agency reserves the right to verify all of the following certifications.

Any individual signing below hereby certifies that they are an authorized representative of Applicant and that:

- A. Applicant is currently in compliance with all performance and regulatory requirements for all programs currently operated by Grantee which are funded in whole or in part with public funds (local, state, or federal) (collectively and individually “Regulatory Requirements”).
- B. Applicant has not been found deficient in meeting and Regulatory Requirements within the 24 months prior to signing this Certification Form.
- C. Applicant is currently in compliance with all Oregon wage and hour laws.
- D. If awarded a Grant, Applicant agrees to perform the scope of work and meet the performance standards and reporting requirements set forth in the final negotiated scope of work of the Grant.
- E. I have knowledge regarding Applicant’s payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Application is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
- F. Applicant does not discriminate in its employment practices or service delivery with regard to race, color, creed, age, religious affiliation, political affiliation or belief, gender, disability, sexual orientation, national origin or citizenship status. When awarding subgrants, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to grant agreement execution, a written policy and practice, that meets the requirements described in ORS 279A.112, of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class.
- G. Applicant and Applicant’s employees, agents, and subcontractors are not included on either (1) the “Specially Designated Nationals and Blocked Persons” list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>, or (2) the government-wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/SAM>

- H. To the best of Applicant's knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify the State in writing.
- I. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.
- J. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), made under Contract being a "false claim" (ORS 180.750(2)) subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
- K. Applicant certifies it will comply with the Pay Equity law, ORS 652.220, if applicable.

SIGNATURE OF AUTHORIZED APPLICANT REPRESENTATIVE:

Authorized Signature: _____

By (print name): _____

Title: _____

Organization Name: _____