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Part III: Applicant Declaration

		A. Authorizing Offici	al		
Name o	f School				
Date:					
Authoria	zed Signatory:				
Title:					
Phone N	lumber:				
E-Mail:					
	В.	Non-Discrimination and Equal Oppo	ortunity Assurances		
			ation and equal opportunity provisions of the		
	Discrimination and Edsex, national origin, a financially assisted unbeneficiary's citizens!	age, disability, political affiliation or belief; nder Title I of the Workforce Innovation an	crimination of the basis of race, color, religions, and/or against any beneficiary programs of Opportunity Act of 2014 on the basis of the authorized to work in the United States, or		
	Title VI of the Civil Rig	ghts Act of 1964, as amended, which prohi	bits discrimination on the basis of race, color and		
			ch prohibits discrimination against qualified		
	The Americans with Disabilities Act Amendments (AADA) 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, publics accommodations, commercial facilities, transportation and telecommunications;				
	Title IX of the Educati	ion Amendments of 1972, as amended, wh	nich prohibits discrimination on the basis of age;		
	Title IX of the Educati		nich prohibits discrimination on basis of sex in		
	The Age Discrimination	on Act of 1975, as amended, which prohibins.	ts Discrimination on the basis of sex in		
	29 CFR Part 38 and al	ll other regulations impending the laws list	ed above, and;		
	and to all agreement	ts the grant applicant makes to carry out th	OA Title I financially-assisted program or activity, e WIOA Title I financially assisted program or s has the right to seek judicial enforcement of this		

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 Partnership;					
	The facilities and programs are accessible to persons with disabilities; The provider will follow and state or local policies governing the ITA process;					
	The provider may bill according to the Training and Review Agency (TARA) policies, but must ensure that any overpayments, as defined by their published refund policy, are returned to the TARA based on final client attendance;					
	When requested, the provider will send the partnership additional information regarding the enrolled participants;					
<u> </u>	Such information may include, courses taken, exams taken, and certifications obtained; and The provider agrees to cooperate with scheduled/unscheduled monitoring visits by WIOA staff or their funding organizations; and					
D. Attachments						
	Certificate of Good Standing, if applicable		Course Catalogue			
_	Information Regarding Board Members	u	Refund Policy			
_	Photos of Training Site					
E. Attestation						
As the		of				
	(Title)		(Affiliation)			
I hereby attest that I have read the WIOA Title I Policies applicable to LWIA #7, The Chicago Cook Workforce Partnership and that the information contained in this application is true and correct to the best of my knowledge.						
	(Name)		(Date)			