Attachment 57

STATEMENT OF ASSURANCES CERTIFICATION

The officials listed below certif requirements:	y through thei	r signature that the re	egion has met	the following
☐Assures the local stakeholde organizations and WIOA service				
☐Assures a written agreemen and the current one-stop oper		eloped between the l	local workforc	e development board
☐Assures a written agreemen workforce development board		eloped between the	chief elected o	official(s) and the local
☐Assures the chief elected off	icial(s) agree(s) with the selection o	f the one-stop	operator;
☐Assures the chief elected off	icial(s) authori	zed the designation/s	selection of th	e region's fiscal agent;
□Assures the Governor and hi maintenance of membership of Office of Workforce Developm	ver time is co	mpleted, on good fait	h and actions	in compliance with the
□Assures the CEO, LWDB men policy; and	nbers and LWI	OB staff have read and	d understand t	the Conflict of Interest
☐Assures the plan received a	0-day public	comment period.		
The Jefferson/Franklin Consort of the Workforce Innovation a spent in accordance with the VU.S. Department of Labor guid regulations.	nd Opportunit Vorkforce Inno	y Act. The workforce evation and Opportun	area also assuity Act and its other federal	res that funds will be regulations, written and state laws and
Chief Elected Official		f Elected Official	(3-2(e-202 4) Date
		evelopment Board Ch	nair	3-26-2024 Date
	Workforce D	Bruz evelopment Board Di	rector	3/24/24 Date