

2024-25 Workforce Development Fund Assurances

This assurances page must be signed and uploaded in OGMS as part of the funding application. A signed copy must be kept on file at the educational institution.

It is assured and understood that:

- 1. Workforce Development Funds are provided solely to support one-time projects that are necessary to meet changing needs and expectations of industry and/or prospective students, or to support local workforce and economic development initiatives.
- 2. Applicable college staff have read and will abide by the 2024-25 Workforce Development Fund Program Guidelines.
- 3. Workforce Development Funds will not be used to replace (supplant) federal funds.
- 4. Any materials developed with Workforce Development funding shall be considered the property of the state of Washington and shall be available to other educational institutions, at no cost, upon request. It is the intent that resources developed with these funds be shared across the state to ensure the maximization of the funding invested.
- 5. Colleges that accept funding through this program agree to provide complete and timely program and fiscal reports as outlined in the program guidelines. Colleges may be required to report itemized disclosure of fund utilization to facilitate the determination of whether funds were utilized in compliance with allowable expenses and in alignment with programmatic intent and allowable uses, as outlined in the program guidelines.

Certificate of Assurance

THE APPLICANT AGREES to adhere to the conditions and deliverable requirements outlined above and in the program guidelines.

FURTHERMORE, the applicant agrees to comply with federal and state fiscal control procedures to (1) avoid the commingling of federal and state funds, and (2) provide necessary program and financial descriptive and statistical reports.

FURTHERMORE, the above applicant certifies that that information contained in this application is true and correct to the best of its knowledge, and that this application is consistent with the purposes of outlined in the program guidelines.

College President or Designee Name:	Date:	
Signature:		
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