



# Certifications – Attachment C

## ACKNOWLEDGEMENT STATEMENTS

This sworn statement and certifications are submitted to CareerSource Tampa Bay by

\_\_\_\_\_ (Print Name of Training Vendor Submitting Sworn Statement)

whose business address is \_\_\_\_\_

As authorized signatory for the Training Provider, I hereby certify the following:

1. That the information contained in this Training Provider Application is true and correct to the best of my knowledge and belief, and that the information contained herein constitutes a firm offer,
2. That neither the school, its employees, or board members have used their position for purposes that constitute personal or organizational conflict of interest in obtaining of a contract award based on this application,
3. That neither the school nor its principals are presently debarred, proposed to be debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency, have not within a three year period preceding this application and any civil judgments rendered for default or public transactions terminated for cause or default,
4. That I am dully authorized/empowered to sign contracts on behalf of this institution,
5. That the information provided in this application is accurate and complete to the best of my knowledge and belief, and
6. That CareerSource Tampa Bay has authorization to contact any and all references and fund sources named herein in order to verify credit, funding, accreditation, and satisfactory performance, and
7. That I acknowledge that subsequent eligibility will be based on data reflecting favorable performance outcomes as verified through Florida Education and Training Placement Information Program (FETPIP). Reporting to FERPIP is required for initial eligibility and to maintain subsequent eligibility for Individual Training Accounts (ITA) as defined by CareerSource Tampa Bay Policy.

\_\_\_\_\_  
Printed Name of Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Job Title of Authorized Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date