

**CERTIFICATION REGARDING LOBBYING  
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS  
AND COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, to the lobbying restriction in 2 CFR Section 200.450, 29 CFR Part 93 and in the Byrd Anti-Lobbying Amendment (31 U.S.C. Section 1352) that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering in of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31, U.S. Code Section 1352. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Organization

Date

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Name & Title of Authorized Representative

Signature

Exhibit E.2

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and OMB Guidance 2 CFR Part 180.

- 1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Have not within a three year period preceding this transaction been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property.
- 3) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above.
- 4) Have not within a three year period preceding this transaction had one or more public transactions (federal, state or local) terminated for cause of default.
- 5) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization

Date

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Name & Title of Authorized Representative

Signature

Exhibit E.3

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

CONTRATOR named below hereby assures and certifies compliance with codified DOL Regulations, including but not limited to 29 C.F.R. Part 94, the State of California's Drug-Free Workplace Act of 1990 (Government Code § 8355 et seq.) in matters relating to providing a drug-free workplace. CONTRACTOR will:

- 1) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section § 8355(a)(1).
- 2) Establish a Drug-Free Awareness Program as required by Government Code Section § 8355(a)(2), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace
  - (b) CONTRACTOR'S policy of maintaining a drug-free workplace
  - (c) Any available counseling, rehabilitation and employee assistance programs; and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
- 3) Provide as required by Government Code Section § 8355(a)(3) that every employee who performs under this AGREEMENT:
  - (a) Will receive a copy of Contractor's drug-free policy statement; and
  - (b) Will agree to abide by the terms of Contractor's statement as a condition of employment.
- 4) Failure to comply with these requirements may result in suspension of payments or termination of this agreement or both and may be ineligible for award of any future agreements if it is determined that any of the following has occurred:
  - (a) Contractor has made a false certification; or
  - (b) Violated the certification by failing to carry out the requirements as noted above. (Gov. Code Section 8350 et seq.)

I, the official named below, hereby swear that I am duly authorized to legally bind Contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

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Organization

Date

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Name & Title of Authorized Representative

Signature

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Contractor Federal ID Number:

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Exhibit E.4

**ASSURANCE OF COMPLIANCE  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

NAME OF CONTRACTOR/RECIPIENT

HEREBY ASSURES THAT as a condition to this contract it has the ability to comply and will remain in compliance, for the duration of the contract, with the nondiscrimination and equal opportunity provisions of the following laws:

- Workforce Innovation and Opportunity Act (WIOA) (Public Law 113-128) Sections 121 (b), 183(c), 188 and 29 CFR Part 38, which prohibits discrimination against all individuals in the United States on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including Limited English Proficiency); age; disability; political affiliation or belief; and against beneficiaries, applicants, and participants only, on the basis of either citizenship status or participation in a WIOA Title I-financially assisted program or activity;
- Civil Rights Act of 1964 (Public Law 88-352) Titles VI and VII, as amended, which prohibits discrimination on the basis of race, color and national origin;
- Education Amendments of 1972 (Public Law 92-318) Title IX, as amended, which prohibits discrimination on the basis of sex in educational programs;
- Rehabilitation Act of 1973 (Rehab Act) (Public Law 93-112) Title V, Section 504, as amended, which prohibits discrimination against qualified individuals with disabilities;
- Age Discrimination Act of 1975 (Public Law 94-135), as amended, which prohibits discrimination on the basis of age;
- Americans with Disability Act of 1990 (ADA) (Public Law 101-336);
- Title 20 Code of Federal Regulations (CFR) Section 658.400, Complaint System;
- Title 28 CFR Part 35, Subpart A;
- Title 29 CFR Parts 31,32,34,38, and 1690-1691;
- Title 41 CFR Part 101-19, Subpart 101-19.6;
- Title 45 CFR Part 90, Subpart D, Section 90.43(c)(3);
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP);
- Fair Employment and Housing Act, Government Code, Section 12900-12996;
- Dymally-Alatorre Bilingual Services Act (DABSA Government Code, Section 7290-7299.8.

THE CONTRACTOR/RECIPIENT HEREBY GIVES ASSURANCE THAT the attached Discrimination Complaint Form – Local Workforce Development Area (E-4.1) will be provided to any participant, or application for Workforce Innovation and Opportunity Act (WIOA) Title I or Wagner-Peyser (WP) services, or a service provider or partner of the America’s Job Center of California, for purposes of reporting a discrimination complaint.

**Method of Reporting:** Any person who believes that he or she or any specific class of individuals has been or is being subjected to discrimination prohibited by the nondiscrimination and equal employment opportunity provisions of WIOA may file a written complaint by using the Discrimination Complaint Form hereto attached, and may fax the complaint to (831) 454-4869, Attention: Equal Employment Opportunity Officer (EEOO). Reports may also be mailed to:

Attention: Equal Employment Opportunity Officer  
P.O. Box 1320  
Santa Cruz, CA 95061

The complaint may be filed either with the WIOA EEOO or also directly with the Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington, D.C. 20210.

For a copy of the Discrimination Complaint Form and procedures, please contact the EEOO, or the Santa Cruz County Human Services Department at <http://santacruzhumanservices.org/WorkforceSCC/Notices.aspx>.

THE CONTRACTOR/RECIPIENT HEREBY GIVES ASSURANCE THAT Non-Discrimination Taglines will be included on Marketing, Recruitment, and Electronic Media materials including homepage website links that will include the following language:

- 1) "WIOA Title I financially assisted programs or activity is an equal opportunity employer/program."
- 2) "Auxiliary aids and services are available upon request to individuals with disabilities."
- 3) If a telephone number is provided, include TDD/TTY ore relay service number.

Contractor assures that, as a recipient of WIOA Title I funds, it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. Contractor understands that the United States has the right to seek judicial enforcement of the funds.

THIS ASSURANCE is binding on the contractor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

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Name of Contractor/Recipient

Address

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Name & Title of Authorized Representative

Signature

Date

**DISCRIMINATION COMPLAINT FORM  
LOCAL WORKFORCE DEVELOPMENT AREA**

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, complete this form, sign on page 4 and return to the One-Stop Career Center (currently branded as America's Job Center of California<sup>SM</sup>) Equal Opportunity Officer or Employment Development Department Field Office complaint representative.

**1. Complainant Information**

Miss  Ms.  Mrs.  Mr.  Other
   
 Home Phone: (     )     -
   
 Work Phone: (     )     -
   
 Name: \_\_\_\_\_ Cell: (     )     -
   
 Street Address: \_\_\_\_\_
   
 City: \_\_\_\_\_ Email: \_\_\_\_\_
   
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Complainant Contact Information**

When is it a convenient time during business hours (8 a.m. to 5 p.m.) to contact you by phone about this complaint?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Phone					

**3. Contact Information for the Person(s) Who You Claim Discriminated Against You**

**Provide the name of the entity where person(s) work(s):**

Name of person(s) who discriminated against you:

Address of person(s)/entity:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: (     )     -

Date of first occurrence:

Date of most recent occurrence:

**4. Tell Us About the Incident(s)**

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

**5. Please List Below Any Person(s) (Witnesses) That We May Contact for Additional Information to Support or Clarify the Complaint.**

Name	Address	Phone

**6. Basis for the Discrimination**

Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc. If you believe more than one basis was involved, you may check more than one box.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Age</b> - provide date of birth:<br><input type="checkbox"/> <b>Color</b><br><input type="checkbox"/> <b>National Origin</b> (Including limited English proficiency)<br><input type="checkbox"/> <b>Retaliation</b><br><input type="checkbox"/> <b>Gender</b> - Specify <input type="checkbox"/> F <input type="checkbox"/> M<br><input type="checkbox"/> <b>Race</b> - indicate race:<br><input type="checkbox"/> <b>Political Affiliation or Belief</b> | <input type="checkbox"/> <b>Citizenship</b><br><input type="checkbox"/> <b>Disability</b><br><input type="checkbox"/> <b>Religion</b><br><input type="checkbox"/> <b>Harassment</b><br><input type="checkbox"/> <b>Sex</b> (including including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status)<br><input type="checkbox"/> <b>Status as a program participant under the Workforce Innovation Opportunity Act</b><br><input type="checkbox"/> <b>Other (Specify):</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<b>7. Have You Previously Filed a Complaint Against this Person(s)/Entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer the questions below, if NO move to section 8.	
a.	Was your complaint in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	On what date did you file the complaint?
c.	Name of office where you filed your complaint: Address: _____
	City: _____ State: _____ ZIP Code: _____
	Phone number: (     )     - Contact person ( <i>if known</i> ): _____
d.	Have you been provided a final decision or report? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you marked "YES", please attach a copy of the complaint.</b>	

<b>8. What Corrective Action or Remedy Do You Seek? Please Explain.</b>

<b>9. Choosing a Personal Representative</b>	
<ul style="list-style-type: none"> <li>▪ You may choose to have someone else represent you in dealing with this complaint. It may be a relative, friend, union representative, an attorney, or someone else.</li> <li>▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative.</li> </ul>	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, complete the section below. If NO, go to Section 10.</b>	
<b>AUTHORIZATION OF PERSONAL REPRESENTATIVE</b>	
I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.	
Name: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : (     )     -	Fax: (     )     -
Email: _____	



## 10. Alternate Dispute Resolution (ADR) Also Known as Mediation

**Notice**—You must indicate if you wish to mediate your case. The Local Area Workforce Development Area cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
  - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
  - Mediation is conducted by a trained, qualified and impartial mediator.
  - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
  - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
  - **Agreements are legally binding on both parties.**
  - If an agreement is not reached, a formal investigation will start.
  - Failure to keep an agreement will result in a formal investigation.
  - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**  
(Please check only one box)

**YES**, I want to mediate.       **NO**, please investigate.

**If you select “YES” you will be contacted within five business days with more information.**

## 11. Complainant Signature

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

**Signature:**

**Date:**

WSD17-01, August 1, 2017

## Exhibit E.5

### **REPORTING WASTE, ABUSE OR FRAUD IN WIOA-FUNDED PROGRAMS**

Title 20 CFR Section 683.620, delineates that information and complaints involving criminal fraud, waste, abuse or other criminal activity must be reported immediately to the Department of Labor. **EDD Directive # WSD 24-03 provides guidance and establishes the reporting procedures for reporting allegations of fraud, program abuse, or criminal conduct involving subrecipients receiving federal funds.**

When an individual has knowledge or suspicion of a violation of the WIOA or its regulations, the individual must take prompt and appropriate action. Complaints of a noncriminal nature (e.g., mismanagement and gross waste of funds) may be handled under the procedures set forth in Title 20 CFR Section 683.600 with the local grievance procedure.

#### **Subrecipient and Lower-Tier Subrecipients Requirements and Procedure:**

Subrecipients have a responsibility to be alert for instances of fraud, abuse, and criminal activity committed by staff, contractors, or program participants. Each subrecipient must ensure the prevention and detection of fraud, abuse, and criminal activity by establishing, documenting and implementing procedures to comply with this *Incident Reporting* procedure involving WIOA-funded activities. Subrecipient procedures must be in writing and include the designation of a staff person who will be responsible for such notifications.

The reporting procedures do not supersede the responsibility for subrecipients to safeguard WIOA funds by taking prompt and appropriate corrective action when any evidence of a violation of the WIOA or its implementing regulations is found.

All subrecipients and lower-tier subrecipients who receive WIOA funds must immediately report all allegations of WIOA related fraud, abuse, and other criminal activity. Within one workday of detection or discovery of information alleging fraud, abuse, or other criminal activity involving WIOA funds, the detecting entity shall:

1. Report to the Department of Labor (DOL's) [Office of the Inspector General \(OIG\) Hotline Portal \(https://www.oig.dol.gov/hotline.htm\)](https://www.oig.dol.gov/hotline.htm) by completing the relevant fields on the OIG Hotline Portal, and
2. Simultaneously send a copy of report, including screenshots, or photos of the three (3) OIG Hotline Portal screens to the following email address: Employment and Training Administration (ETA) [ETAIncidentReporting@dol.gov](mailto:ETAIncidentReporting@dol.gov). The subject line of the email should contain: "ETA Incident report- CA".

If Internet access is not available, incidents can be reported to the OIG through the following hotlines:

- Toll-free hotline 1-800-347-3756
- Non-toll-free hotline 1-202-693-6999

While all incidents should be reported as soon as possible, situations involving imminent health or safety concerns, or the imminent loss of funds exceeding an amount larger than \$50,000 are considered emergencies and must be immediately reported to the OIG and ETA no later than one working day after the emergency discovery.

Action will not be taken against any complainant for disclosing information concerning criminal or improper activities or making a valid complaint to proper authorities. Complainants may remain anonymous.

Whenever the entity reporting the allegation of an incident believes that immediate action to prevent further financial loss or other damage is necessary, or recovery of funds or property may be impeded if immediate action is not taken, the reporting entity has the responsibility to take any action it deems appropriate, including contacting the local law enforcement agency.

**Records Retention**

Under Uniform Guidance Section 200.333, financial records, supporting documents, statistical records, and all other non-federal entity records pertinent to a federal award must be retained for a period of three years from the date of submission of the final expenditure report, or for a period of three years from the date of the submission of the quarterly or annual financial report (for federal awards that are renewed quarterly or annually), as reported to the federal awarding agency or pass-through entity (in the case of a subrecipient). The only exceptions are the following:

- If any litigation, claim, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.
- When the non-federal entity is notified in writing by the federal awarding agency, cognizant agency for audit, oversight agency for audit, cognizant agency for indirect costs, or pass-through entity to extend the retention period. Records for real property and equipment acquired with federal funds must be retained for three years after final disposition.

**Acknowledgement of Incident Reporting Requirements:** Each subrecipient and lower-tier subrecipient is required to sign below acknowledging its reporting responsibilities for suspected incidents of fraud, waste, abuse or other criminal activity involving WIOA funds. This exhibit should be signed and a copy retained by the subrecipient and the original signature(s) document kept in the subrecipient contract file.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name/Title of Official Signing

\_\_\_\_\_  
Date