Instructions for Certification Regarding Debarment, Suspension, and Other Responsibility Matters

Before completing this certification, read the instructions below which are an integral part of the certification.

- 1. By signing and submitting the certification signature page with this proposal, the prospective primary participant is providing the certification set out above.
- 2. The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out above. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participants, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "A Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Commission Policy Statement: CPS 01-2026

Instructions for Certification Regarding Debarment, Suspension, and Other Responsibility Matters

- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, ineligible or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement programs.
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, suspended, debarred, ineligible or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR 180, Participant's Responsibilities.

- 1. The prospective primary participant certifies, to the best of its knowledge and belief, that it and its principals:
 - a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - b. have not within a three-year period preceding this certification 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;
 - c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. have not within a three-year period preceding this certification had one or more public transactions (federal, state, or local) terminated for cause or default.
- 2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Printed Name and Title of Authorized Administrative Entity Signatory Of	ficial
Signature	Date

Workforce Innovation and Opportunity Act of 2014

Program Year 2026 Plan

Signatory Page

Click Here to Enter WDB Name WDB

Boards affirm that the Local Area Workforce Development Board and the Chief Local Elected Official(s) of the Local Area, in partnership, have developed and now submit this update to the Comprehensive, Strategic Regional and Local Area Plan in compliance with the provisions of the Workforce Innovation and Opportunity Act of 2014 and instructions issued by the Governor under authority of the Act.

Su	ubmission Date
Workforce Development Board Chair	Chief Local Elected Official
Typed or Printed Name	Typed or Printed Name
Typed or Printed Title	Typed or Printed Title
Signature	Signature
Date	. Date

NC Local Area WDB By-Laws Required Elements

At a minimum, the Local Area WDB by-laws must include the following items for DWS approval. When submitting the Local Area WDB by-laws, please specify the section (provide a clear crosswalk) where the following required elements are located within the submitted by-laws.

Elements 1-7 are the *required* elements designated at WIOA Final Rule 679.310(g).

- 1. The nomination process used by the Chief Local Elected Officials (CLEOs) to elect the Local Area Board Chair and members.
- 2. The term limitations and how the term appointments will be staggered to ensure only a portion of memberships expire in a given year.
- 3. The process to notify the Chief Local Elected Officials (CLEOs) of a Board member vacancy to ensure a prompt nominee within ninety (90) days of the vacancy.
- 4. The proxy and alternative designee process that will be used when a Board member is unable to attend a meeting and assigns a designee as per the requirements of 20 CFR 679.110(d)(4).
- 5. The use of technology such as phone and web-based meetings, that will be used to promote Board member participation (20 CFR 679.110(d)(5)).
- 6. The process to ensure Board members actively participate in convening the workforce development system's stakeholders, brokering relationships with a diverse range of employers, and leveraging support for workforce development activities.
- 7. A description of any other conditions governing appointment or membership on the Board as deemed appropriate by the Chief Local Elected Officials (CLEOs); (20 CFR 679.310(g)(1-7)).

North Carolina specific requirements that must be specified within the by-laws:

- 1. The adopted generally accepted parliamentary procedure, such as Robert's Rules of Order, chosen by the Board.
- 2. Whether an appointee filling a vacancy will serve the remainder of the unexpired term or be appointed for a new full term.
- 3. The Board's policy assures the attendance and participation of its members.
- 4. Quorum requirements to be not less than 51% constituting 51% of the total filled Board positions.
- 5. Any standing committees the Board has established shall be included in the by-laws.
- 6. The Board's conflict of interest policy, which may not be any less stringent than the requirements of the DWS's Policy, shall be referenced in the by-laws.
- 7. The process the Board will take when expedient action is warranted between Board meetings, such as calling a special meeting or allowing the Executive Committee to act on behalf of the Board.

- 8. Board meetings will be held in accessible facilities with accessible materials available upon prior request.
- 9. The Board will meet no less than four times per program year.



PY 2026 Click Here to Enter WDB Name WDB

WIOA Adult/Dislocated Worker Service Provider List

WIOA Adult/Dislocated Worker Service Provider (Organization Name, Address, and Phone Number)	Contact Person (Name, Title and Email Address)	County/Counties Served and where services are provided* (One-Stop, Office, and/or Both)	Type of Organization (State Agency, For-profit, Non-profit, other-specify)	Type of Contract, RFP Release Date/Year Procured/Contract extended (Y/N) (Cost Reimbursement, Fixed Price, Performance Based, Hybrid, other- specify)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Notes:

- Complete all columns.
 - *Specify where youth services are provided: at the One-Stop Centers, the Office location provided, and/or combination. Be specific.

Commission Policy Statement: CPS: 01-2026

Directions for Completing Attachment: NCWorks Career Center Locations

Complete the Attachment on the next page to describe the Local Area WDB's One-Stop Career Center system.

Column A

Include each One-Stop Career Center(s)' name and street address, host facility, phone number, and hours of operation. List each name, street address, phone number, and hours of operation for locations of additional Youth Sites, if they are not included in the One-Stop Career Centers listed. List the counties served by the One-Stop Career Center.

Column B

Specify the type of Career Center and list all counties served by each site. Type of Center Designations: Comprehensive (Tier I) or Access Points (Affiliate or Specialized) Sites.

Column C

List the on-site partners, identify funding source and agency name such as Title I (Adult and Dislocated Worker (DW)), Youth, Job Corps, YouthBuild, National Farmworkers and Native American Programs), Wagner-Peyser, Trade Act, Career and Technical Education. Career Center Partners should, at a minimum, reflect required WIOA partners (WIOA 121(b)(1)(B)).

Column D

List the Career Center Operator (agency name) and Method of Selection (Competitive Procurement, Sole Source to include year of procurement and/or if the contract was extended).

Column E

List the WIOA Providers of Title I Adult and DW Career Services (agency name) and method of selection. (Method of Selection: Competitive Procurement/Sole Source/Contract Extended).

Column F

List the name of the Functional Manager (manages the day-to-day operations).

Column G

Indicate whether WIOA Title I youth services are provided onsite. List the name of the onsite provider(s). Provide a list of the youth services that are provided onsite.

Column H

Indicate additional on-site partners.

PY 2026 Click Here to Enter WDB Name.

NCWorks Career Center Locations (Effective July 1, 2026)

A. One-Stop Location(s) (Address, Phone number, and Hours) Counties Served	*B. Comprehensive (Tier I) or Access Points (Affiliate or Specialized) Sites	C. On-site Partners	**D. Career Center Operator, Method of Selection, Year Procured, Contract Extension (Y/N)	E. Provider(s) of WIOA Title I Adult/DW Career Services and Method of Selection	F. Functional Manager (manages the day-to-day operations)	G. WIOA Title I Youth Services Provided Onsite (Y/N) Name of Youth Provider(s) (list youth services provided)	H. Additional Partners
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Notes:

- *Type of Center Designation: Comprehensive or Access Point (Affiliate or Specialized) Site
- ** Method of Selection: Competitive Procurement, Sole Source, Contract Extended
- Directions and explanations provided on the preceding page.

PY 2026 WIOA Click here to enter WDB Name Workforce Development Board Members Effective July 1, 2026 – June 30, 2027

	Category	Name and Business Title	Business Name and Address	Phone Number	Email Address	Term Start and End Dates (month/date/year)
1.	Business, Chair	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. 1	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3.]	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4.]	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5. 1	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
6. 1	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
7.]	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
8. 1	Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
9. \$	Small Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
10. 3	Small Business	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Labor Organization, or where none exists, other representative of employees (Identify representative's affiliation- select one and delete other choices)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

PY 2026 WIOA Click here to enter WDB Name Workforce Development Board Members

Effective July 1, 2026 – June 30, 2027

Category	Name and Business Title	Business Name and Address	Phone Number	Email Address	Term Start and End Dates
					(month/date/year)
12. Labor	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Organization, or					
where none exists,					
other representative of					
employees					
(Identify					
representative's					
affiliation- select					
one and delete					
other choices)					
13. Joint Labor-	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Management, or					
union affiliated,					
registered					
apprenticeship					
program. Or where					
none exists,					
representative of registered					
apprenticeship					
program (Identify					
representative's					
affiliation- select					
one and delete					
other choices)					

PY 2026 WIOA Click here to enter WDB Name Workforce Development Board Members

Effective July 1, 2026 – June 30, 2027

Category	Name and Business Title	Business Name and Address	Phone Number	Email Address	Term Start and End Dates (month/date/year)
14. Labor or Apprenticeship or Community Based Organization or organizations addressing needs of eligible youth (Identify choice of category represented - select one and delete other choices)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
15. Adult Education and Literacy eligible under WIOA Title II	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
16. Higher Education	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
17. Vocational Rehabilitation Program	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
18. Economic Development	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
19. Wagner-Peyser Act	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

PY 2026 WIOA Click here to enter WDB Name Workforce Development Board Members

Effective July 1, 2026 – June 30, 2027

Category	Name and	Business Name	Phone Number	Email Address	Term
	Business Title	and Address			Start and End Dates
					(month/date/year)
- 111W111 (11)	By submission of this form, t local business organizations	=		_	s representatives from among

Notes:

- Use the form provided and identify categories as indicated on the form.
- Do not change required category names, but clearly indicate the category by making the font bold or by highlighting.
- Clearly identify members if they are providing a dual role in one box by using an asterisk (*) and the word "dual". Dual role Board members should be listed only once.
- If the Local Area WDB has more than 19 total members: add lines to chart and complete all columns for additional members.
- Representatives with expired terms will not be included in the counted list of Board members. Board member terms must be stated in a month/date/year format.
- Be sure to signify that the Board membership is in compliance by marking an "X" in the box supplied.

PY 2026 WIOA Click here to enter WDB Name WDB Youth Program Elements Chart

In order to support the attainment of a secondary school diploma or its recognized equivalent, entry into postsecondary education, and career readiness for participants, the WIOA Youth Program shall provide elements consisting of the following program elements.

20 CFR §681.470 states that it is not required for local programs to use funds for each program element. Local Area WDB programs may leverage partner resources to provide program elements. However, if the program is not funded with WIOA youth funds, the Local Area WDB must have an agreement in place with a partner organization to ensure that the program element will be offered. If offered by a partner, the program element must be connected and coordinated with the WIOA youth program.

Please denote whether the required WIOA Program Element will be WIOA funded by the Local Area WDB, provided by referral, or both. Specify the provider(s) in the referral section.

	WIOA Youth Program Elements	WIOA Funded (Specify Provider)	Referral By Agreement (Specify Providers)
1.	Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential.		Click here to enter text.
2.	Alternative secondary school services, or dropout recovery services, as appropriate.	Click here to enter text.	Click here to enter text.
3.	Paid and unpaid work experiences that have as a component academic and occupational education, which may include (i) summer employment opportunities and other employment opportunities available throughout the school year; (ii) preapprenticeship programs; (iii) internships and job shadowing; and (iv) on-the-job training opportunities.	Click here to enter text.	Click here to enter text.
4.	Occupational skill training, which shall include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with in-demand industry sectors or occupations in the Local Area involved.		Click here to enter text.

PY 2026 WIOA Click here to enter WDB Name WDB Youth Program Elements Chart

	WIOA Youth Program Elements	WIOA Funded (Specify Provider)	Referral By Agreement (Specify Providers)
5.	Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.	Click here to enter text.	Click here to enter text.
6.	Leadership development opportunities, which may include community services and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.	Click here to enter text.	Click here to enter text.
7.	Supportive Services.	Click here to enter text.	Click here to enter text.
8.	Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months.	Click here to enter text.	Click here to enter text.
9.	Follow-up services for not less than 12 months after the completion of participation, as appropriate.	Click here to enter text.	Click here to enter text.
10.	Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate.	Click here to enter text.	Click here to enter text.
11.	Financial literacy education.	Click here to enter text.	Click here to enter text.
12.	Entrepreneurial skills training.	Click here to enter text.	Click here to enter text.
13.	Services that provide labor market and employment information about in-demand industry sectors or occupations available in the Local Area WDB, such as career awareness, career counseling and career exploration services.	Click here to enter text.	Click here to enter text.
14.	Activities that help youth prepare for and transition to postsecondary education and training.	Click here to enter text.	Click here to enter text.

Program Year 2026 Click Here to Enter WDB Name. WDB WIOA Youth Service Provider List

WIOA Youth Service Provider (Organization Name, Address)	Contact Person (Name, Title, Email Address, and Contact number)	County/Counties Served and where services are provided** (One-Stop, Office, Both)	Type of Organization (State Agency, For-profit, Non-profit, other-specify)	Type of Contract/RFP Release Date/Year Procured/Contract extended (Y/N) (Cost Reimbursement, Fixed Price, Performance Based, Hybrid, other- specify)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Notes:

- Complete all columns.
- Be specific to state where Youth Services are provided: at the One-Stop Centers, the Office location provided, or a combination.
- Type of Contract: Cost Reimbursement, Fixed Price, Performance Based, Hybrid, Other- Be specific.
- RFP Release Date/Year Procured/Contract Extended. Example: RFP Released: January 4, 2023/Procured: April 2023; Extended July 2024 and July 2025.