**DIVISION OF WORKFORCE SOLUTIONS SUBRECIPIENT FINANCIAL MANAGEMENT POLICY FOR WORKFORCE INNOVATION AND OPPORTUNITY ACT TITLE I POLICY ACKNOWLEDGEMENT**

By signing this document, I acknowledge, that I have reviewed a copy of the NCWorks Commission Policy Statement (CPS) – Financial Management Policy for WIOA Title I. I recognize it contains important information on the fiscal procedures, rules and regulations. It is my responsibility to familiarize myself with the material in the CPS.

I understand compliance with this policy is a condition for the department to be complaint in the use of federal funds awarded by DWS and that any violations of the policy may result in corrective action, including the termination of any grant funds up to the obligation of returning funds to grantor.

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| **Fiscal Agent Financial Representative** |  |  | **Date** |