Attachment IV

ANNUAL PLAN CERTIFICATION

_____ *(Insert Official Name of SWA – not that of an individual)*_____
certifies that it will carry out all activities outlined in the Fiscal Year 2019 Annual Plan to support the Secretary of Labor's responsibilities under the Immigration and Nationality Act as well as all other standard certifications and assurances as a condition of receiving the Federal grant funds. Per 2 CFR 200.333, file documentation of grant activities and accomplishments will be available for examination by the Employment and Training Administration or other authorized Federal representatives.

_____ Date_____
Authorized Representative's Signature

_____
Authorized Representative's Job Title

_____
Authorized Representative's Printed Name