

NEMO WORKFORCE DEVELOPMENT BOARD



ATTACHMENT I

PRE-AWARD REVIEW FOR ON-THE-JOB (OJT) TRAINING CONTRACTS

WIOA regulations require that a pre-aw business. The purpose of this review is to			
Name/Title of Person completing form: Business Owner(s):			
Business Name:			
Address:			
1. How long has this business been	in operation?		
2. Is this business owned wholly of above?	or in part, by another party(ies) ot	her than that listed yes [no
If yes, give name and a	ddress:		
·	r in interest) moved any operation the U.S. and its territories to a new	· — · —	10
•	ccurred due to the relocation or ex	pansion? yes	no
I understand that WIOA regulations strict the relocation of an establishment, or establishment at the original location. I certify that the information given on the such information is subject to verification of contracts entered into using WIOA fundaments.	r part thereof, that results in the sister is true and accurate to the n, and I further realize that falsified	best of my knowledge and belief. or fraudulent information may res	I understand that ult in the rejection
Signature Company Official/Title		Date	
Signature Agency Representative		Date	
Administrative Agency Representative Signature		Date	
	Administrative Entity Response For	Office Use Only	
Corroborating Support Required?	Yes	·	□ No
If yes, when and how verified?			
Award decision?	Award Approved		Award Denied
Comments			Demed
Administrative Entity Representative			 Date