



**Appendix D  
2015-2017 Pre-Apprenticeship & Supportive Services (PASS) Grant  
ASSURANCES**

This document must be printed, signed with original signature, scanned and sent via email to [OJTSSinfo@WSDOT.WA.GOV](mailto:OJTSSinfo@WSDOT.WA.GOV). The original must be kept on file at the Applicant’s location.

Through the designated representative’s signature below, we acknowledge that we have been actively involved in developing this Pre-Apprenticeship Supportive Services (PASS) Grant project. We will adhere to the terms and policies of the PASS Grant Program, and we are committed to partnering with community-based organizations to ensure the quality and success of this project.

**Please agree to the following by initialing each item below:**

\_\_\_\_ We have received, read and understand the 2017-2019 Program Guidelines and Fiscal Guidelines.

\_\_\_\_ By signing below, we, the PASS Grant applicant(s) agree that we have reviewed, and agree to abide by the conditions of award set forth in the Program Guidelines.

\_\_\_\_ We understand the performance expectations for reporting, program monitoring and fiscal responsibility for any funds provided through the grant by WSDOT, and that failure to abide by all program guidelines will result in corrective action or revocation of any funding as determined to be necessary by WSDOT.

\_\_\_\_ The grant applicant(s) will abide by the project start and completion dates.

\_\_\_\_ The grant applicant(s) will provide services to females and minorities that will lead to entry and career opportunities in the highway construction workforce.

\_\_\_\_ The grant applicant(s) will assist with the collection of the trainee’s social security numbers should it be required for reporting purposes.

\_\_\_\_ The grant applicant(s) agree to meeting all record keeping and reporting requirements, and agree to provide any additional information to WSDOT as requested.

**APPLICANT**

\_\_\_\_\_  
Signature of Designee                      Date

\_\_\_\_\_  
Title

**SUB-CONTRACTOR 1 (IF APPLICABLE)**

**SUB-CONTRACTOR 2 (IF APPLICABLE)**

\_\_\_\_\_  
Signature of Designee                      Date

\_\_\_\_\_  
Signature of Designee                      Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title