TRAINING AGREEMENT

Employer/Contracted Training Provider Information	
Legal Business/Company Name	Training Agreement Number
Physical Address	Priority Sector
City, State, Zip	Federal Tax ID Number
Tax Status ☐ Sole Proprietor Partnership ☐ Corporation ☐ Non-Profit ☐ LLP ☐ Public Education ☐ Other: _____	
Worker's Compensation Carrier (for CT only)	
Policy Number	Effective Dates of Policy
Company Contact Name (First and Last)	Contact Job Title
Phone Number Extension	Email Address
Alternate Company Contact Name (First and Last)	Alternate Company Contact Job Title
Alternate Contact Phone Number Extension	Alternate Contact Email Address
Number of Years Business Has Been in San Diego County	
For CT & IWT only, are you submitting this application on behalf of more than 1 employer? ☐Yes ☐No *If yes, please attach a list of all participating employers to this application.*	
Type of Training Requested ☐ Customized Training (CT) ☐ Contracted Education Training (CET) ☐ Incumbent Worker Training (IWT)	

Number of Participants	Cost Per Participant	Requested Training Reimbursement Amount *(Reimbursement amounts of $100,000 or more, requires board approval, which can take up to 3 months)* $_____

Briefly describe your Business/Organization and the reason(s) for requesting training funds:

Recruitment
How do you plan to recruit eligible participants to your training program? Please check one: ☐ **I want ALL participants to be recruited by the Career Center network** ☐ **I have ALL perspective participants and want the Career Center network to determine their eligibility.** ☐ **I have ____ prospective participants and want the Career Center network to recruit an additional ____ participants and determine their eligibility.** 1. *Eligible participants are those who meet the Workforce Innovation and Opportunity Act (WIOA) eligibility requirements.* 2. *The San Diego Workforce Partnership will only reimburse training costs for WIOA eligible participants. The Career Center network staff will determine WIOA eligibility.* 3. *This process may take up to 2 months. There is no guarantee that the Career Center network can recruit all participants.* 4. *Please provide a list of the prospective participants to be screened for WIOA eligibility with this application.*
Please list the qualifications required for participants in your proposed traniing program and include any required assessments, drug screenings, health screenings and background checks:
Please describe how you will recruit participants for your program and describe any coordination with the Career Center network to determine WIOA Title I eligibility of prospective participants:

Training Plan/Curriculum	
Name of Training Program	
Training Program Start Date	Training Program End Date
Are you—the employer or Organization—conducting the program or using a third-party training provider? ☐ Employer/Organization ☐ Third-Party (if yes, complete the information in the next section)	
Please provide a description of Services such as, how the training will be delivered, including name, titles & qualificationsof instructors as well as the curriculum, class titles, dates, times and skills taught (Please attach curriculum):	

Third Party Training Provider Information (If Applicable)	
If you are planning to use a third-party training provider, please fill out the following information. If you are providing training in-house at your facilities, please leave this section blank.	
Legal Name of Training Provider	Federal Tax ID Number
Address	City, State, Zip
Training Provider Contact Name (First and Last)	Contact Job Title
Phone Number Extension	Email Address
Type of Organization ☐Non-profit ☐For-Profit ☐ Public Education ☐ Other _____	
Public Liability Insurance Carrier	
Policy Number	Effective Dates of Policy

Training Outcomes					
This training agreement will be performance-based to ensure that the program result in real outcomes for the participants. I understand that total payment for each deliverable will be prorated based on the number of participants that complete each deliverable. By entering into this agreement, I agree to the following deliverables:					
Deliverable	**Description**	**CT/IWT Funding Breakdown**	**CET Funding Breakdown**	**Reimbursement & Cost per participant** (e.g., $ Total ($ cost per participant)	**Deliverable due Date**
Enrollment	*# Of participants enrolled in WIOA and training to provide in-person and/or on-line courses based on the attached curriculum.* *Submit the Expense Detail Distribution Form Details Deliverables File* *Supporting Documentation: submit a copy of the activity enrollment summary for each participant.*	50%	50%	$	
Midpoint	*Provide a midpoint progress report to career center staff Supporting Documentation: submit Attachment - Participant Evaluation and Progress Report Form for each participant.*	30%	30%	$	
Completion	*Details Deliverables File Credential/Certificate attainment of participants upon successful completion of training. Supporting Documentation: submit a copy of the participants certificate/ credential)*	10%	20%	$	
Entered Employment	*Details Deliverables File Placement in a training related occupation. Supporting documentation: provide verification of employment.*	10%	N/A	$	
			Total (Requested Reimbursement)	$	

Proposed Budget

*Please complete the following budget table, indicating each line item for the **total** cost of the program.*

Personnel/Salaries	Cost
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Total Salaries	$
Fringe Benefit Rate	%
Total Fringe Benefits Cost	$
Total Personnel Costs	$

Furniture and Equipment Purchase Costs	Cost
	$
	$
	$
	$
Total Furniture & Equipment Costs	$

Facilities and Infrastructure Costs	Cost
	$
	$
	$
	$
Total Facilities and Infrastructure Costs	$

Participant Costs	Cost
	$
	$
	$
	$
	$
Total Participant Costs	$

Supplies	Cost
	$
	$
	$
	$
	$
Total Supplies Costs	$

Staff Training and Travel	Cost
	$
	$
	$
	$
Total Staff Training and Travel Costs	$

Other Costs	Cost
	$
	$
	$
	$
Total Other Costs	$

Total Cost of the Training Program: $ _____

Reimbursement Amount Requested: $ _____

Proposed Budget Narrative	
Please complete the following budget narrative to explain how each cost will contribute to the training program.	
Line Item	Narrative
Personnel Costs	
Furniture and Equipment Purchase Costs	
Facilities and Infrastructure Costs	
Participant Costs	
Supplies Costs	
Staff Training and Travel Costs	
Other Costs	

Employer Match (required for CT/IWT Only): $
For CT and IWT, the employer is required to provide a match. how much of a reimbursement are you requesting from the Workforce Partnership? ☐ At least 10% of the cost for employers with 50 or fewer employees. ☐ At least 25% of the cost for employers with 51 to 100 employees. ☐ At least 50% of the cost for employers with more than 100 employees.

APPLICATION CHECKLIST
Please attach the following supporting documentation: ☐ ***Copy of the Curriculum*** ☐ ***Copy of certificate of insurance (COI)*** ☐ ***If applicable, a list of prospective participants to be screened for WIOA Title I eligibility*** ☐ ***If applicable, Job Descriptions of positions to be filled (CT Only)*** ☐ ***If applicable a list of participating employers***

I understand that the San Diego Workforce Partnership (Workforce Partnership) has the right to approve or not approve this trainingapplication at its sole discretion, based on program needs, budget limitations and employer (contractor) suitability toparticipate in this program.

If the training application is approved, I understand and agree to the following assurances and certifications:

1. Services and activities provided under this Training Agreement shall be administered by and under the supervision of the Training Provider.
2. The total reimbursement for each deliverable shall be prorated based on the number of participants that complete training.
3. Appropriate standards for health and safety in work and training situations shall be maintained.
4. The Training Provider shall give the Service Provider and the San Diego Workforce Partnership and any of their authorized representatives, such as local, state and federal monitors, the right and access to examine all trainee records and other documents related to this Agreement.
5. The Training Provider shall comply with Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination. No person may be denied employment, excluded from benefits, or suffer from discrimination under the training program because of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including Limited English Proficiency [LEP]); age; disability; political affiliation or belief; or, for beneficiaries, applicants, and participants only on the basis of either citizenship status or participation in a WIOA Title I – financially assisted program or activity.
6. The Training Provider shall comply with the provisions of the Hatch Act, under which the use of the Workforce Partnership training program funds to promote political activities is prohibited.
7. This agreement shall not impair existing contracts for service or Collective Bargaining Agreements. Terms of this agreement shall be undertaken only with written concurrence of the labor organization concerned.
8. The Training Provider understands that fraudulent claims or action under WIOA Title I are subject to criminal penalties and the agency may invoke any and all sanctions available to it in the event of such fraud. An example of fraud would be submitting an invoice requesting reimbursement of participants who did not complete the training.
9. Records on participants and training shall be retained and be made available for review for up to four (4) years. Should the Training Provider cease to operate prior to four years, the Training Provider shall notify the Workforce Partnership and deliver the records to a Workforce Partnership designated location.
10. The Trainer Provider complies with the Equal Opportunity WIOA Section 188 legislative requirements. Refer to the Workforce Partnership's Operations Manual, Chapter 8: Oversight and Monitoring, Attachment - Equal Opportunity WIOA Section 188 Compliance Checklist.
11. For CT Training Provider only, at Training Provider's sole cost and expense, shall obtain and maintain in effect during the Term of the Agreement, insurance as follows:

    11.1 A commercial general liability insurance policy, naming San Diego Workforce Partnership, the City of San Diego, and the County of San Diego as additional insured, protecting against any and all claims for injury to persons or property, protecting against assumed or contractual liability under this Agreement, and covering negligent acts and omissions of Contractor and Contractor Parties, with such policy to be in the minimum amount of One Million Dollars ($1,000,000.00) per occurrence, and with an aggregate limit of at least Two Million Dollars ($2,000,000.00). Contractor shall provide the Workforce Partnership a certificate evidencing such insurance.

I certify that all information provided in this application is true and accurate. As required by the Workforce Innovation and Opportunity Act, I understand that I will match no less than__%__of the cost of training and intend to hire, help employ and/or retain those who successfully complete the training. I understand that the Workforce Partnership may require additional information or documentation to support this agreement. I understand that this training agreement is pending final approval by the Workforce Partnership. I acknowledge reading and understanding the training program policies and procedures.

Employer/Training Provider Contact (First and Last Name)	Signature	Date

I have read and agree with the information provided under "Recruitment Plan." Upon approval of this training application, I commit to working with the training provider, employer or group of employers to successfully enroll and monitor participants in this training program for prospective new workers.

Training Development Coordinator/ Business Services (First and Last Name)	Signature	Date

To be completed by the Training Lead:
Training Lead: Sector Initiatives ☐ Client Services ☐ Business Services ☐
Debarment Verification: Operations Staff Name: Date of Verification: Exclusion and Debarment Checked ☐