Logo

Description automatically generated

[NAME OF PROGRAM]

Contract Summary Sheet (RENEWAL)

Workforce Development Program

Contract Number [CONTACT NUMBER]

|  |  |
| --- | --- |
| Program Specialist: | Subrecipient Contact: |
| Email Address: | Subrecipient Title: |
| Phone: 619-228-29[XX] | Email Address: |
|  | Phone: |

**General Contract Information**

|  |  |  |
| --- | --- | --- |
| *Type of Training Program* | *Period of Performance* |  |
| Adult | [DATE] to [DATE] | Cost Reimbursement Amount |
| Dislocated | CFDA # [NUMBER] | Support: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth (ISY) | Funding Source: \_\_\_\_\_\_\_\_ | Program: \_\_\_\_\_\_\_\_\_\_\_\_\_  (Youth Only) Work Experience: \_\_ |
| Youth (OSY) |  | (Youth Only) Non-Work Experience Amount: \_\_\_\_\_\_\_\_\_  Profit: \_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Total Reimbursable Costs**: \_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Regions Served: | East | Metro | North | South |

**Procurement Information**

|  |  |  |
| --- | --- | --- |
| Type: | Agenda Item No. & Title: | Policy Board Approval Date: |
|  |  |  |

# Contract Summary Narrative

This Contract allocates funding for Program Year 20[#]-20[#] to serve participants for the region(s) listed above as specifically developed in response to requirements within the Local Workforce Board.

*Youth Only*: Subrecipient will be reporting on work experience activities based on the Contract amount on the invoices(s) in order to be reimbursed for allowable, allocable and reasonable expenses. Subrecipient must spend at least [PERCENTAGE]% of actual expenditures on work experience expenses in order to be reimbursed and SDWP will not reimburse more than [PERCENTAGE]% on non-work experience expenses.

The specific details of this Contract, described within the following pages, are mutually agreed upon and binding.

**San Diego Workforce Partnership, Inc. [Subrecipient’s Name]**

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Shaina Gross | [NAME OF SIGNATORY] |
| VP of Client Services | [TITLE OF SIGNATURE] |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |