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 ☐ N	on-Profit □ LLP □ Put	olic Education □ Other:	
Worker's Compensation Carrier (for CT only)			
Policy Number	Effective Dates of Poli	су	
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		ail Address	
Number of Years Business Has Been in San Diego	County		
For CT & IWT only, are you submitting this application please attach a list of all participating employers to thi		1 employer? □Yes □No <i>If yes,</i>	
Type of Training Requested			
☐ Customized Training (CT) ☐ Contracted Edu	cation Training (CET)	□ Incumbent Worker Training (IWT)	
Number of Participants Cost Per Participant		eimbursement Amount of \$100,000 or more, requires board approval, oths)	
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 Progr	am End Date	
Are you—the employer or Organization—conducting the	program or usir	ng a third-party training provider?	
☐ Employer/Organization ☐ Third-Party (if yes, Please provide a description of Services such as, how		nformation in the next section)	
qualifications of instructors as well as the curriculum, curriculum):	_		
Third Party Training Prov	ider Informatio	on (If Applicable)	
If you are planning to use a third-party training provider, p training in-house at your facilities, please leave this section		e following information. If you are providing	
Legal Name of Training Provider		Federal Tax ID Number	
Address	City, State, 2	Zip	
Training Provider Contact Name (First and Last)	Contact Job Title		
Phone Number Extension	Email Address		
Type of Organization	i		
□Non-profit □For-Profit □ Public Education □ Public Liability Insurance Carrier	Other		
	······ ·		
Policy Number	Effective Da	tes 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.	80%	50%		
	Submit the Expense Detail Distribution Form Details Deliverables File				
	Supporting Documentation: submit a copy of the activity enrollment summary for each participant.				
Midpoint	Provide a midpoint progress report to career center staff Supporting Documentation: submit Attachment - Participant Evaluation and Progress Report Form for each participant.	10%	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)	5%	20%		
Entered Employment	Details Deliverables File Placement in a training related occupation. Supporting documentation: provide verification of employment.	5%	N/A		
Total (Requested Reimbursement)					

Proposed	l Bud	lget
----------	-------	------

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

Personnel/Salaries	Cost	Participant Costs	Cost
		Total Participant Costs	
		Supplies	Cost
Total Salaries			
Fringe Benefit Rate Total Fringe Benefits Cost		Total Supplies Costs	
Total Fillige Deliellis Cost		Total Supplies Costs	<u> </u>
Total Personnel Costs		Staff Training and Travel	Cost
Furniture and Equipment Purchase Costs	Cost		
		Total Staff Training and Travel Costs	
Total Furniture & Equipment Costs		Other Costs	Cost
Facilities and Infrastructure Costs	Cost		
		Total Other Costs	
Total Facilities and Infrastructure Costs			
	Total Cost	of the Training Program:	
		of the Training Program: ment Amount Requested:	

Proposed Budget Narrative Please complete the following budget narrative to explain how each cost will contribute to the training program.			
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 (- ,		
requesting from the Workforce F			
☐ At least 25% of the cost for e	employers with 50 or fewer employees. Employers with 51 to 100 employees. 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.

Attachment -Training Agreement (CET, CT, IWT) Chapter 4. Part 3: WIOA TITLE I Training Services

I certify that all information provided in this application of the components of the	ss thanof the cost of training and intend training. I understand that the Workforce Partner his agreement. I understand that this training ag	to hire, help employ ship may require greement is pending
Employer/Training Provider Contact (First and Last Name)	Signature	Date
I have read and agree with the information provided I commit to working with the training provider, employarticipants in this training program for prospective	oyer or group of employers to successfully enrol	0
Training Development Coordinator/ Business Services (First and Last Name)	Signature	Date
To be completed by the Training Lead:		
Training Lead: Sector Initiatives □ Client Services □ Busines	ss Services	
Debarment Verification:		
Operations Staff Name: Date of Verification: Exclusion and Debarment Checked □		