

SOUTH CENTRAL WORKFORCE COUNCIL
BASIC LITERACY SKILLS AGREEMENT-ACADEMIC

ORIGINAL REVISED EXTENSION

BST ENG

NAME: _____ SSN: _____

Training Facility: _____	Listed on Eligible Provider's List: Yes No
Address: _____	Telephone No.: _____
Academic Goal: _____	DOT Code: _____

TRAINING PROJECT INFORMATION:

Beginning Date: _____	Ending Date: _____
Extention Begin: _____	Extention End: _____
Total Instructional Hours: _____	Hours Per Week: _____
Total Instructional Weeks: _____	Total Weeks: _____
School Closures: _____	

TRAINING COSTS:

Tuition	\$ _____	Books	\$ _____
Supplies	\$ _____	Materials	\$ _____
Equipment	\$ _____	**Fees:	\$ _____

Total Training Costs: \$ _____
(*fees: library fees lab fees, I.D. card, parking, etc.,please itemize),

WIA TRAINING:

Where Classroom Training Agreements are funded by the Workforce Investment Act (WIA), the training institution agrees that all activity pursuant to this Agreement shall be in compliance with the Act (WIA) and all applicable regulations, and the South Central Workforce Council policies.

The Classroom Training Site shall provide adequate supervision to the participant and shall designate a supervisor and alternate supervisor(s) (listed):Supervisor: _____

CERTIFICATION STATEMENT:

This is to certify that this institution will provide the training described in the detailed course outline, at the above costs, which are true and accurate, and together with the student has determined that the training is appropriate for the employment goals of the participant and that successful completion of the coursework will provide the participant with entry level proficiency in the subject area.

INDEMNIFICATION: In the case of negligence of the contractor and/or the contracting party, any damages allowed shall be levied in proportion to the negligence attributable to each party.

Any modifications to this Agreement proposed by the institution must be presented in writing and approved by the contractor prior to implementation.

Signature of School Official	Date	Authorized Contractor Representative	Date
_____	_____	_____	_____
Title		Title	

Original: Agency Copy: Participant File