# SOUTH CENTRAL WORKFORCE COUNCIL
# BASIC LITERACY SKILLS AGREEMENT-ACADEMIC

**ORIGINAL ☐ REVISED ☐ EXTENSION ☐**

**BST ☐ ENG ☐**

**NAME:** **SSN:**

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**Training Facility:** **Listed on Eligible Provider's List: Yes No**

**Address:** **Telephone No.:**

**Acedemic 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**