

Training Agent Contract Agreement
between
BREVARD WORKFORCE DEVELOPMENT BOARD, INC.
CITRUS LEVY MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.
WORKFORCE DEVELOPMENT BOARD OF FLAGLER AND VOLUSIA COUNTIES, INC.
and
UNIVERSITY OF CENTRAL FLORIDA

This Agreement is made and entered into by and between **Brevard Workforce Development Board, Inc.; Citrus Levy Marion Regional Workforce Development Board, Inc.; and Workforce Development Board of Flagler and Volusia Counties, Inc.** hereinafter referred to as the **Boards** and the **University Of Central Florida (UCF)** acting for and on behalf of the **UCF Board of Trustees**, hereinafter referred to as **Training Agent** or, as applicable, their assigns and/or successors for the purpose of providing a broad range of educational and training services to eligible individuals from The Boards respective regions. This agreement extends to all UCF Regional Campuses, Colleges, Institutes, Incubators, Labs and Centers.

In consideration of the mutual covenants and promises set forth herein, the Boards and the Training Agent agree as follows:

1. TERMS OF THE AGREEMENT

It is advantageous for an agreement be in place to allow the Boards to order services from the Training Agent on an as-required basis. The Boards and the Training Agent agree that the Terms and Conditions contained in this Agreement shall govern the procurement of services ordered pursuant to this Agreement. The procurement of specific services shall be identified and approved under Individual Training Account (ITA) Vouchers issued by the Boards during the term of the Agreement. No funds are obligated by issuance of this Agreement. Funds will be obligated under individual Board ITA Vouchers (voucher).

If any term of this Agreement conflicts with any term relating to the purchases of services contained in any issued voucher, this Agreement shall take precedence.

The parties hereto agree that each of them may execute this Agreement on different dates, but hereby acknowledge that this Agreement shall become effective on date this Agreement is fully executed and remain in full force and effect for five years thereafter unless otherwise extended or terminated by the parties.

This Agreement may be executed in counterparts, each of which shall be considered an original, but which together shall constitute but one and the same Agreement.

2. CONTRACT TYPE AND PAYMENT

This is an Indefinite Delivery/Indefinite Quantity Contract Agreement between the Boards and the Training Agent and is subject to available funding. The Training Agent guarantees under this Agreement to provide training to the individual Board customers in a timeline mutually agreed to. Payment made by the individual Board to the Training Agent under this Contract will be cost reimbursement in accordance with individual Board vouchers issued during the Term of the Agreement.

This Agreement does not agree to any predetermined total agreement amount, and the signing of this Agreement does not require the Boards either individually or collectively to purchase any training from the Training Agent.

It will be the responsibility of the Training Agent to provide the Boards with an updated summary of any requested changes to the Training Agent Course and Fee Schedule/Course Catalogue (Attachment A) with justification and any updates to policies concerning refunds, cancellations, and withdrawals no later than June 30th of each year. Annually, The Boards will make determinations on continuing individual training programs based on reported performance and updated cost and program information provided by the Training Agent to the Boards.

3. SCOPE

3.1 The Boards have the responsibility and authority to determine funding eligibility and enrollment into workforce programs for individuals. Eligible individuals will be referred by the individual Boards to the Training Agent. The individuals shall be enrolled in the approved training course(s)/program specified in the individual Board ITA Voucher (Attachment B), referred to as voucher or vouchers, which shall be issued for a semester, similar training cycle, or six months, whichever time period is shorter.

3.2 Students will be required to follow the requirements of the course catalogue.

3.3 The Training Agent agrees to provide information to the individual Board, or its agents, regarding the student's application and receipt of financial aid at the institution. A student executed consent form for release of information (Attachment C) shall be provided to the Training Agent by the Board(s) as requested. This includes, but is not limited to, copies of the student's award letter and budget calculations concerning financial aid. This information is necessary in order to preclude duplicate or overlapping payments among federal, state, and local programs to participants and training institutions and to ensure that the best mix of programs and funds is available to eligible participants.

This also includes a report of financial aid disbursements made by the institution from the student's financial aid. This report must disclose all funding sources

contributing to each student's cost of education along with the amounts and distributions of the individual awards, including to whom and for what item(s) [tuition, books, fees, etc.] they were disbursed. This report must be in the form of official records, such as financial aid printouts or the report needs to be signed by an appropriate school authority. This report shall be furnished upon request and will be for quality assurance/monitoring purposes.

- 3.4 The Training Agent shall invoice the individual Board specified on the individual Board voucher (Attachment B) for the course(s) in which the participant is enrolled and attending for the current semester or similar training cycle at the agreed upon tuition/fee less applicable discounts or financial aid. Fees that are not specified in this Agreement; as per the Training Agent Course and Fees Agreements (Attachment A), or in the individual participant's voucher shall not be paid. The student shall be responsible for any fees not covered by the Board voucher not to exceed the fees authorized by the applicable Course and Fees Agreement.
- 3.5 The Training Agent shall only provide services under a voucher if it has been signed and sealed by a Board-authorized representative. Upon receiving a voucher without an authorized signature, the Training Agent shall return the voucher to the student who will return the voucher to the Board specified on the voucher.
- 3.6 The Boards shall provide Training Agent with a list of Board-authorized representatives within 10 days of execution of this Agreement. The list may be updated at any time throughout the term of this Agreement.
- 3.7 The Training Agent shall only provide the course(s)/program authorized in Attachment A, Training Agent Courses and Fees Agreements, or those courses/program(s). Courses and fees contained in Attachment A are not intended to be exclusive. The Training Agent shall notify the Boards of any changes that will affect a Course and Fees Agreement prior to the enrollment of any individual referred by the Board. Additional services, programs, courses and rates are required to be identified and authorized by the Board through a written letter of approval that has been signed and sealed by a Board authorized representative. Once approved the course(s) may be used for any ITA issued under this agreement without the need to modify this Contract Agreement.
- 3.8 The Training Agent shall charge a total amount not to exceed the respective Course and Fees Agreement inclusive of all paying parties and financial aid. The individual Board shall pay the remainder of the authorized Voucher for Services after all other grants and financial aid have been applied. The Training Agent shall ensure that all invoices are priced according to the respective Course and Fees Agreement. The Course and Fees Agreement supersedes pricing on the voucher.

- 3.9 In conformity with the Training Agent's submitted refund policies, the Training Agent shall refund to the Board such tuition/fees that are paid by the Board for individuals who enroll in and begin training but drop out of courses.
- 3.10 Upon execution of this Agreement, the Training Agent will supply the Boards with a copy of its written policies for all student populations concerning refunds, cancellations, and withdrawals. The submitted policies will remain in effect throughout the agreement period.
- 3.11 The individual Board will ensure that each referred individual will be encouraged to apply for financial aid. Likewise, the Training Agent agrees that each individual referred by the Board for training will be evaluated for all financial aid eligibility normally available to the Training Agent's students and shall be evaluated for and receive such financial aid without discrimination based on the student's funding eligibility status.
- 3.12 Board funded participants shall be afforded all the rights, privileges, and benefits available to all student populations of the Training Agent.
- 3.13 Board funded participants shall be eligible for program completion according to the same standards applied to all the Training Agent's student population.
- 3.14 The Training Agent shall adhere to the Federal Workforce Investment Act (WIA) regarding the disposition of Pell Grant funding for individual participants.
- 3.15 The Training Agent will seek and coordinate other funding sources for individual Board funded students and agrees to notify the Board in writing on a quarterly basis of any financial aid provided to Board funded students. It is the responsibility of the Training Agent to provide sufficient oversight to prevent misapplication of funds, such as double payment of any charges or the utilization of Federal funds when other funds could have been used for the same purpose. The voucher will specify the expenses allowable for payment by Board funds.
- 3.16 The Training Agent acknowledges and understands that under no circumstance can it hold the student accountable for any program costs that are paid through the vouchers as a provision of this Agreement and/or vouchers issued through this Agreement. Students will be held responsible for costs not covered by those vouchers.
- 3.17 The Training Agent acknowledges and understands that in accordance with the Florida Workforce Innovation Act, the use of unlawful remuneration to Board funded student(s) in return for attending the Training Agent's institution is prohibited. Unlawful remuneration does not include student financial assistance programs.
- 3.18 The Training Agent agrees not to offer or provide anything of value to any Board employee, agent or assign including a gift, loan, reward, promise of future

employment, favor, or service, based on the understanding that the Board will direct or influence customers to attend classes or train through the Training Agent.

- 3.19 Training Agent shall provide all documentation as is required by the Board in order to meet reporting and reimbursement as stated in above paragraphs 3.3, 3.7, 3.10, 3.15 and the individual Board voucher (Attachment B). Format and content shall meet the individual Board's requirements.

4. FETPIP REPORTING

As required by the state, the Training Agent must supply performance information to the Florida Education and Training Placement Information Program (FETPIP). Reporting to FETPIP is a requirement of this Agreement. The Training Agent understands that subsequent eligibility will be based, in part, on data reflecting favorable outcomes as verified by FETPIP. The Training Agent is responsible for making arrangements and providing the information required by FETPIP in a timely manner. For further information on FETPIP, visit the FETPIP website at <http://www.firn.edu/doe/fetpip> or call FETPIP at (850) 245-9754.

5. RECORDS

- 5.1 At any time during normal business hours and as often as the following organizations or their designated representatives may deem necessary, the Training Agent shall make available or provide access to all documents, papers, letters, or other materials prepared or received by the Training Agent that are directly pertinent to charges to this program including any relevant financial records, supporting documentation, statistical records, interviews and discussions, and all other pertinent records of the Vendor involving transactions related to this Agreement. This shall include the right to examine and make excerpts transcripts and photocopies of the records determined necessary.

- The Boards
- The State of Florida and its agents
- United States Department of Labor
- United States Department of Health and Human Services
- Comptroller General of the United States
- The Program Review Unit/Office of Workforce Program Development and Guidance AND/OR
- The Office of Civil Rights

- 5.2 All records pertinent to this Contract, including financial, statistical, property, participant records, and supporting documentation, shall be retained by the Training Agent for a period of five (5) years from the date of the final payment of this Contract Agreement or until all audits are complete and findings on all claims have been finally resolved, whichever is later. If any litigation, audit or

claim remains unresolved at the expiration of the longest of the hereinabove stated periods, then the records will be retained until all outstanding issues have been resolved.

6. AUDITS

If applicable, the Training Agent shall provide for an independent certified audit in accordance with generally accepted auditing standards as mandated by the provisions of the Office of Management and Budget (OMB) Circular A-133, Audits of Institutions of Higher Education and Other Non-Profit Institutions, or A-128, Audits of State and Local Governments, and any other specific requirements imposed by the Boards.

7. ASSIGNMENTS AND SUBCONTRACTS

The Training Agent may not assign or subcontract any of its duties or responsibilities under this Agreement without the express written consent of the Boards.

8. TERMINATION

8.1 Termination for Convenience:

Either may terminate this Agreement with or without cause by giving thirty (30) days written notice to the other party. Notice of termination shall be sent via certified mail, return receipt requested.

In the event of termination, the individual Boards shall be liable only for payment of allowable costs incurred only under their own ITA voucher(s) to the Training Agent for prior services rendered up to and including the date of termination.

Final billing for payment must be received by the Board administrative office specified on the voucher within thirty (30) days of the termination date. A billing received late with a postmark dated on or before the thirty (30) day mark does not meet the thirty (30) day deadline.

In the event of termination with or without cause, the parties agree to negotiate a plan to ensure an orderly transition for customers in training.

8.2 Termination for Breach:

Upon breach of this Agreement by the Training Agent, the Boards may terminate this Agreement by written notice to the Training Agent. This written notice of termination shall be sent via certified mail, return receipt requested.

Boards reserve the right to grant the Training Agent the opportunity to rectify the breach. Boards may send a suspension notice (via certified mail, return receipt requested) and give the Training Agent a specific time to respond with a corrective plan. Failure to respond with a corrective plan acceptable to the Boards

may result in a termination notice to the Training Agent effective from the time of the original suspension.

Waiver of a breach of any provision shall not be deemed a waiver of any other breach, and no waiver shall be construed to be a modification to any of the terms or conditions of this Agreement.

The provisions within this Agreement do not limit the Boards remedies at law or in equity.

8.3 Payment Provisions:

In the event of termination, the individual Boards shall be liable only for payment of allowable costs incurred only under their own ITA voucher(s) to the Training Agent for prior services rendered up to and including the date of termination. Final billing for payment must be received by the individual Boards within thirty (30) days of the termination date.

9. AMENDMENTS/MODIFICATIONS

This Agreement may be amended by a written agreement between the parties. Any modification agreement not in writing is not enforceable. In the event of any amendment to existing laws or regulations that the Boards consider applicable, the parties agree in each occurrence to amend or modify the Agreement to comply with that amendment as determined by the Boards.

The parties also agree to incorporate other future policies, regulations, provisions, or performance standards applicable to this Agreement as they are issued by the funding agencies.

The parties agree to change specifications and/or modify this Agreement as necessary to comply with legislation, regulations, and policy directives; manage funding; and meet the needs of the customers.

The Boards reserve the right to issue general notices unilaterally amending this Agreement if it does not substantially, nor significantly, modify the scope and intent of work. Such notices will be accomplished by written letter amendment or contract modification.

10. NOTICES AND COMMUNICATION

The following Contract Liaisons have been established by the parties. The purpose of these individuals is to act as the liaison between the Boards and the Training Agent to help resolve any issues related to this Agreement or to send and receive certified and other mail or notices related to contractual obligations.

For the Boards:

Sandi Briles
Contracts Officer, Brevard Workforce
597 Haverty Court, Suite 40
Rockledge, FL 32955
Phone: (321) 394-0700
Email: sbriles@brevardworkforce.com

For the Training Agent:

Name ; Joyce Dornier
Title: Interim Vice Provost, UCF Regional Campuses-DCE
Address: 12201 Research Parkway, Suite 101
City, State, Zip: Orlando, FL 32826
Phone: 407-823-5333
Email: Joyce.Dornier@ucf.edu

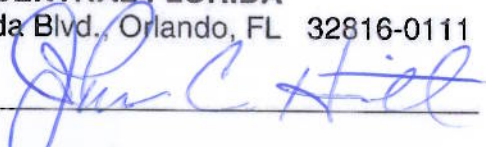
In the event that either party designates different representatives after execution of this Agreement, notice of the name, title, address, email address, and phone number of the new representative shall be rendered in writing to the other party.

Signature Authority

The persons listed below attest authority to bind their respective party in a contractual agreement, and by signing below, this contract is agreed to by the following parties on the dates indicated.

FOR: UNIVERSITY OF CENTRAL FLORIDA
4000 Central Florida Blvd., Orlando, FL 32816-0111

SIGNED BY:



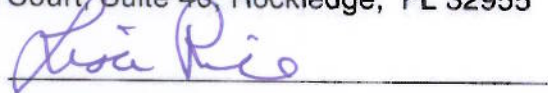
NAME/TITLE: John C. Hitt, Ph.D., President, University of Central Florida

DATE:

8/15/11

FOR: Brevard Workforce Development Board, Inc.
597 Haverty Court, Suite 40, Rockledge, FL 32955

SIGNED BY:



NAME/TITLE: Lisa Rice, President

DATE:

8/23/11

FOR: Citrus Levy Marion Regional Workforce Development Board, Inc.
~ADDRESS~

SIGNED BY:



NAME/TITLE:

THOMAS E. SKINNER JR

DATE:

8/28/11

FOR: Workforce Development Board Of Flagler And Volusia Counties, Inc.
~ADDRESS~

SIGNED BY:



NAME/TITLE:

RICHARD A. FRASEK, PRESIDENT

DATE:

8/23/11

UCF General Counsel:

Legal Content Approved
 7/12/11

UCF Purchasing Department:



Voucher For Services

Date: _____
 Vendor: _____
 Address: _____
 Customer Name: _____

***** NOTICE *****
 For payment, this original SIGNED voucher must accompany your invoice prior to:

Brevard Workforce Development Board
 597 Haverly Court, Suite 40
 Rockledge, FL. 32955
Attn: Finance Department
 Phone - (321) 394-0700

Do not accept this voucher if you cannot see the "Original Document" watermark on this document, or if it appears to be altered in any manner. The customer may ONLY receive the items listed below.

Services Authorized

Item(s)	Description	Amount
		Total Authorized

Please direct any questions concerning this voucher to the following Career Coach:

Coach Name: _____ Phone: (321) 504-7600
 Coach Email: _____
 Coach: _____ Date: _____
 Customer: _____ Date: _____
 Site Manager: _____ Date: _____

**NOT VALID for
 over \$150.00
 without site
 manager signature
 and the raised seal.**

Internal BWDB Use Only

Account Number

Withlacoochee Workforce Development Authority SCHOLARSHIP VOUCHER AGREEMENT

This agreement, between the Withlacoochee Workforce Development Authority (WWDA) and **Client Name**, the “Customer”, last four of Social Security Number **xxxx** a natural person, residing in Levy, Marion or Citrus Counties in the State of Florida, establishes a Scholarship in the name of the Customer for the purpose of providing skill training and educational services as outlined herein.

WWDA hereby agrees to establish a budget/account in the amount listed in this agreement for tuition, books and school fees for the customer to use, with the approval of WWDA, for the purpose of pursuing and completing training and/or an educational program as defined.

The customer warrants that the information that has been provided to WWDA for the purpose of determining the Customer eligibility for assistance under the Workforce Investment Act (WIA) or Welfare Transition Program (WTP) is true and understands that this information has been used by WWDA to validate the Customer’s eligibility for services under WIA/WTP in general and this agreement in particular. Customer understands and agrees that Customer’s warranty is material inducement to WWDA to enter into this agreement, and that but for Customer’s warranty, WWDA would not enter into this agreement.

Approved Area of Training/Education

WWDA and the Customer agrees that based upon the objective skills and interest assessment conducted between themselves, that training in the field of **Training Field**, is in the best interest of the Customer and will result in gainful employment for the Customer. This approved training can only be changed by WWDA through an amendment to the Customer’s Individual Service Strategy (ISS). The specific educational courses approved for scholarship funding are attached and are based upon the most recent course catalogs from the educational institution selected by the Customer from an approved institution list provided by WWDA.

Approved Institution/Training Provider

TRAINING VENDOR has been selected by the Customer as the training provider of choice to train/educate the Customer in the chosen occupational area.

Approved Scholarship Value

WWDA will establish a budget/account for a total value of **\$0.00**. This account will provide scholarship support in the following areas for the stated amounts, subject to continue fund availability.

~Budget Breakdown~								
	Q1 Jul- Sept yr	Q2 Oct- Dec yr	Q3 Jan- Mar yr	Q4 Apr- June yr	Q1 Jul- Sept yr	Q2 Oct- Dec yr	Q3 Jan- Mar yr	Q4 Apr- June yr
Tuition and Fees								
Books, Uniforms, Supplies								
Other (specify)								

Withlacoochee Workforce Development Authority SCHOLARSHIP VOUCHER AGREEMENT

Name:

Last 4 SSN: **xxxx**

Customer Duties and Responsibilities

Initials

- _____ • Maintain a grade point average of “C” or better (2.0), in both their major courses of study and in their overall course work.
- _____ • Report their overall grade to their Employment Consultant assigned by WWDA or its agents, at the end of each term.
- _____ • Maintain a full-time course load of 12 semester hours or its equivalent for each term of enrollment, except summer, or when the Employment Consultant may approve a lesser course load.
- _____ • Submit to WWDA’s Employment Consultant, in advance, the course(s), which are desired for the next enrollment term. Only take those courses that are approved by the Employment Consultant.
- _____ • Submit such attendance information as may be required by the Employment Consultant, on a regular basis, to certify that they are actively attending the courses for which they are registered.
- _____ • Advise and remit to WWDA any refunds or other payments made through the scholarship program that are returned to the Customer by the approved training/education provider.
- _____ • Notify WWDA’s Employment Consultant of any changes in their course load or ability to attend training.
- _____ • Notify WWDA’s Employment Consultant of any and all correspondence from the training provider which affects eligibility for continued enrollment at the provider.
- _____ • To apply for any and all forms of financial aid available through the training provider, including but not limited to Pell Grants and other forms of assistance available under the Higher Education Act (HEA).
- _____ • To authorize the release of any and all information relating to said financial assistance by and/or through the training provider to WWDA.
- _____ • Abuse of support assistance will result in discontinuance of support assistance. **All support assistance is subject to budgetary constraints and may be terminated without notice.**
- _____ • Participate in job search activities to secure training-related employment at the completion of training.
- _____ • If certification/licensure is a component of the training program, participate in first available testing/certification session available and provide a copy of certification/licensure upon issuance.
- _____ • Notify WWDA’s Employment Consultant as soon as possible upon securing a job and provide needed employment data such as place of employment, rate of pay, position, date of hire, etc.
- _____ • Provide paystubs as requested.
- _____ • Fully participate in follow-up services for one year, which commence upon program exit and/or employment.
- _____ • Notify WWDA’s Employment Consultant of any changes in address and/or phone.

Withlacoochee Workforce Development Authority SCHOLARSHIP VOUCHER AGREEMENT

NAME:

Last 4 SSN: **XXXX**

WWDA Responsibilities

- Issue purchase order or other documents to the training provider to guarantee payment of tuition books and fees approved in the agreement.
- To promptly make payment of such tuition, books and fee charges authorized through the above purchase order upon proper and prompt billing by the training provider.
- To provide, as future funding allows, for scholarship increases to cover increases in tuition, books, and fee charges made by the training provider.
- Provide an objective assessment, which examines the capabilities, needs and vocational potential of the Customer.

Breach of the Agreement

The Customer will have been determined to be in breach of the Agreement if the information provided for the determination of eligibility for WIA/WTP service is in the future determined to be inaccurate or incorrect. Breach shall also occur if the information, when corrected, invalidates the eligibility of the Customer of WIA/WTP assistance. If the Customer fails to meet the requirements in the "Customer Duties and Responsibilities" section of the Agreement, the Agreement shall also be determined breached.

WWDA, upon determination of a breach, shall immediately terminate the Agreement and may, on its own discretion, demand that customer repay any and all scholarship disbursements made on behalf of the Customer. In the event of any litigation arising from breach of this Agreement by the Customer, WWDA shall be entitled to its reasonable attorney's fees and costs whether or not suit is filed.

Term of the Agreement

This Agreement shall be in effect, unless terminated for Breach, from _____ until _____. WWDA may terminate this Agreement in the event funds available for this Agreement are rescinded or otherwise withdrawn from WWDA's use by any act of the State of Florida or the United States Government.

Entered into this _____ day of _____.

Customer Signature

Employment Consultant Signature

Witness as to Both

Witness as to Both

INITIAL APPROVAL:

Deputy Director Signature

FINAL APPROVAL:

Chief Financial Officer Signature

Executive Vice President Signature

I, _____ am requesting funds for training in

_____ at _____
(Certificate or Degree) (School or Agency Name)

My training is planned to start on _____ and end on _____

Please initial each paragraph below:

___ I understand that my tuition, books, and required equipment, tools and materials may be paid for by Brevard Workforce, provided that funds are available. I also understand that by accepting this scholarship, I am agreeing to:

- a. Attend all regularly scheduled classes
- b. Receive a passing grade of "C" or better
- c. Meet with my Staffing Specialist as scheduled and complete assignments as requested.
- d. Provide my Staffing Specialist with a signed attendance report on at least a monthly basis verifying satisfactory progress.
- e. Submit a copy of my grade report to my Staffing Specialist at the end of each semester or grading period.
- f. Adhere to school policies in all areas.
- g. Complete all phases of my training; to include certification or licensure.
- h. Enter training related employment immediately after training or attend Job Club and submit a weekly Job Search report to my Staffing Specialist until training related employment is obtained.
- i. Notify my Staffing Specialist of any new employment or changes in my current employment.
- j. Complete my training program within 24 months of starting.

___ I agree to pursue all other available sources of funding (including the PELL grant) for tuition assistance.

1. If I am eligible for the PELL grant; it may be necessary to use these funds first. I understand this determination is made on an individual basis.
2. I agree to apply for three (3) appropriate scholarships during each semester (term) of training and to provide the application packets for any Brevard Workforce shared scholarship to my Staffing Specialist prior to the application deadline
3. I agree to notify my Staffing Specialist, within 5 business days, of receipt and/or notification of any scholarship, loan or grant awarded to me or received by me

___ I authorize my training agency to give Brevard Workforce access to my student file for purpose of verifying attendance grades, charges to my account, and the amount of PELL grants, loans and/or scholarship awards. It is my intent that the school, its directors, instructors, or other personnel be relieved of any and all liability, whatsoever in releasing such information to Brevard Workforce.

___ If I fail to uphold any part of this agreement, Brevard Workforce may require me to return any and all books, materials, equipment, tools purchased, along with funds expended on my behalf by Brevard Workforce.

___ I understand that my agreement for services with Brevard Workforce is based on my individual needs and should be kept confidential.

Customer Signature _____ Date _____

Staffing Specialist Signature _____ Date _____



Name: _____ Date of Birth: _____ Social Security Number (Last 4): _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Other: _____ Prior Names: _____

RELEASE OF INFORMATION

I hereby authorize all partners in the Citrus Levy Marion (CLM) Regional Workforce Development Board's-Workforce Connection System to engage in verbal, written, facsimile, or computerized communication of information for the purpose of making me eligible for services or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring or follow-up purposes. It is my understanding that any information obtained by any partner in the Workforce Connection System will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services.

ATTESTATION

I hereby certify, to the best of my knowledge, the information provided is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Workforce program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

DISCRIMINATION PROCEDURES

If you, as a Workforce Customer, feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, political affiliation or belief, citizenship or disability, you may file a discrimination complaint directly with Workforce Connection's Equal Opportunity Officer (contact information listed below) or the Agency for Workforce Innovation (AWI), Office of General Counsel, Caldwell Building-Suite 150, 107 East Madison Street, Tallahassee, FL 32399-4128, within 180 days of the alleged occurrence. If dissatisfied with the local decision, you may appeal to the Agency for Workforce Innovation within 30 days of the decision, or 90 days from the filing of the complaint, whichever is earlier.

GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have been adversely affected by a decision or action made by Workforce personnel and have discussed the matter with Susan Roberts, Executive Vice President, Withlacoochee Workforce Development Authority, at (352) 732-1700, ext 1222, you have the right to file a written grievance/complaint to Workforce Connection's Equal Opportunity Officer (contact information listed below). Information on filing a grievance/complaint can be obtained from the Workforce Connection's Equal Opportunity Officer. After the opportunity for a hearing (within 60 days after formal filing), if you are dissatisfied, you may appeal to the Agency for Workforce Innovation (AWI), Office of General Counsel, Caldwell Building, Suite 150, 107 East Madison Street, Tallahassee, FL 32399-4128.

Administrative Entity: Workforce Connection, 3003 SW College Road, Suite 205, Ocala, FL 34474
Grace Bynum, Equal Opportunity Officer Phone #: (352) 873-7939

I certify that I have received a copy of and understand my rights and responsibilities as enumerated in this statement.

Applicant's Signature Date

Parent or Guardian Signature Date

I verify that the above signed participant read or had read to him/her, and received a copy of this statement enumerating Workforce Connection's Grievance/Complaint Procedures and Release of Information.

Signature of Verifying Official Date

Title

Workforce Connection is a member of the Employ Florida network of workforce services and resources. An Equal Opportunity Employer/Program, Workforce welcomes people with disabilities. For accommodations call the local Workforce office or (352) 840-5700 ext. 7878. Florida Relay users should dial 711.