

**Fresno Regional Workforce Development Board
Individual Training Account
Training Agreement**

Participant Name: _____ WIOA State ID: _____ School Student ID#: _____
Training Provider: _____ Address: _____
Training Provider Point of Contact: _____ Email Address: _____
Training Program: _____ Duration of Training (weeks): _____
Training related Occupational Title: _____ O*Net Code: _____
Cost Paid to School: \$ _____ Cost Paid to 3rd Party Vendors: \$ _____ Total Cost of Training: \$ _____
Estimated Start Date: _____ Estimated End Date: _____
Provider of Services: _____ Point of Contact: _____ Email Address: _____

The purpose of the ITA is to provide training to the above named Workforce Innovation and Opportunity Act (WIOA) participant in the above Training Program.

Payment for Cost of Training

Payment will be made in accordance with all applicable federal and state laws, Fresno Regional Workforce Development Board (FRWDB) Operational Directive 25-18 and the Eligible Training Provider (ETP) Master Agreement on file with the Fresno Regional Workforce Development Board. Payment is contingent upon the ETP submitting the appropriate invoices, summary of costs, attendance reports, and customer progress reports on a bi-weekly basis, to the above named referring agency. ETP agrees to immediately notify the referring agency if any circumstances exist that would affect the ability of the customer to complete the training.

ETP Assurance and Certification

The above named ETP will comply with all terms and conditions of the Fresno Workforce ETP Master Agreement including, but not limited to the following: 1) ETP will provide training in the above referenced or related occupational title on a non-discriminatory basis and, 2) Completion of the training will enable the customer to perform the duties in the skill areas of the training that are generally recognized by employers. Any funds available and/or funds received by the ETP from the California Community College Promise Grant must be credited to the amount of the ITA Tuition amount. Grant funds or any other source of funds (eg: PELL), consistent with any terms and/or conditions of the applicable grant must be allocated to the Participant to offset the financial hardship as a result of participating in training. Any changes in the terms of this ITA must be in writing and agreed to by all parties.

_____ Title _____ Dated: _____
(Authorized ETP Representative)

WIOA Participant Certification

Selection of this ETP was my decision based on informed choice and I was not unduly influenced by either other party hereto. I have read this Agreement and understand its terms. I acknowledge that if I receive PELL grant funds and do not successfully complete the training program, I could be held responsible to return a portion or all of the funds disbursed to me. Failure to return these funds could lead to disqualification from any future federal funding and could lead to garnishment of future earnings or federal tax refunds.

_____ Dated: _____
(WIOA Participant Signature)

Provider of Services Certification

The agency provided only informational assistance to the participant in assisting in the ETP selection process. The undersigned certifies that the decision to attend this ETP was to the extent possible, based only on customer informed choice.

_____ Dated: _____
(Authorized Referring Agency Representative)