

**CAREER SOURCE ESCAROSA  
TRAINING PROVIDER AGREEMENT  
WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA)**

This Agreement is made and executed in duplicate by and between Workforce Escarosa, dba CareerSource Escarosa whose address is 3670 -2A N. "L" Street, 2<sup>nd</sup> Floor, Pensacola, FL, 32505, hereinafter called Escarosa, and the Eligible Training Provider whose name is        and whose address is        hereinafter called the Training Institution.

**I. PROVISIONS OF THE AGREEMENT**

The two parties to this Agreement do hereby agree:

1. This Agreement requires training providers to complete the "Initial Eligibility" period of at least one year, or successfully applied under the initial implementation of this Policy as a training provider. All eligible training providers must submit applications for "Continued Eligibility" every 2 years to maintain their eligibility.
2. This Agreement requires providers for "Continued Eligibility" must be submitted 3 months before eligibility expires. Once a provider is on the ETPL, the "Continued Eligibility" application is required. Entities that carry out apprenticeship and OJT training are exempt.
3. This Agreement requires that each "Continued Eligibility" applicant shall supply the following information.
  - a. Verification the provider is licensed, certified, or otherwise authorized under Florida law to provide training services programs. This applies to in-state and out-of-state providers.
  - b. If you are an out-of-state provider, Attachment 2 also applies. A training provider is exempt from providing verification unless its license, certification or authorization status has changed since its last application.
  - c. The total number of persons enrolled in the program.
  - d. The total number of WIOA participants enrolled in the program.
  - e. The total number of persons completing in the program.
  - f. The total number of WIOA participants completing the program.
  - g. The total number of persons awarded a Recognized Postsecondary Credential (or other credential, if applicable.)
  - h. The total number of WIOA participants awarded a Recognized Postsecondary Credential (or other credential, if applicable.)
  - i. The total number of persons employed after completing the program.
  - j. The total number of WIOA participants employed after completing the program.
  - k. Information regarding the cost of attendance, including costs of tuition and fees, for participants completing the program.
  - l. Information regarding Recognized Postsecondary Credentials (or other credential, if applicable) received by such participants.

- m. Whether the credential can be stacked with other credentials as part of a sequence to move an individual along a career pathway or up a career ladder.
  - n. Description of how the provider will ensure access to the training services programs throughout the State, including in rural areas, and through the use of technology (if applicable).
  - o. Whether the provider has developed the training in partnership or collaboration with a business or industry (identifying the business or industry).
  - p. Identify the in-demand industry sectors and occupations which best fit with the training program.
  - q. A description of the prerequisites of skills and knowledge required prior to the commencement of training.
  - r. Verification the training program is for an occupation on the Local Area TOL.
4. The Training Institution agrees to honor an approved Individual Training Account (ITA) Voucher issued by or on behalf of the Escarosa. The Training Institution agrees to provide the education and training services as indicated on the ITA and to invoice Escarosa for the training and services delivered. Escarosa will make payment for the invoiced costs for all ITAs issued by its designated Service Provider in accordance with the agreed upon ITA amount. Payment will be made to the Training Institution within 30 days of receipt of invoice.
  5. Issuance of an ITA will be based upon eligibility of the participant, customer choice, and appropriateness of training based on a comprehensive assessment of the participant. All services are contingent upon funding availability.
  6. An ITA will specify the name of the Escarosa approved participant and the specific occupational skills training (OST) program for which enrollment is authorized. The ITA will itemize the ITA, and other financial caps and balances; indicate semester/term tuition costs and estimate other training-related expenses.
  7. Eligible individuals referred to the Training Institution may only be enrolled in the approved OST program specified on the ITA. The Training Institution shall deliver OST in accordance with the approved training program as included in the vendor application. The Training Institution shall notify Escarosa of any changes in the required courses, costs of the program, length of the training program, or licensing requirements within 10 working days of said changes.
  8. All applicable add/drop deadlines and requirements of the Training Institution will also apply to the ITA. The Training Institution shall, in conformity with the general Refund policies of the institution, refund any tuition and fees which have been paid for Individuals who drop out of courses prior to the deadline before drops and withdrawals. Refunds will be made directly to Career Source Escarosa.
  9. If the Escarosa participant is eligible for PELL grant funds, PELL grant funds may be paid to the participant to assist him/her with everyday expenses so that the participant's ability to attend training is enhanced. Escarosa will provide a 30 day

notice to the Training Institution prior to changing this special provision regarding the use of PELL grant funds. In addition, the Training Institution shall evaluate the individual for other financial aid normally available to other students, in a manner consistent with all other students. Students eligible under Workforce Investment Act (WIA) or the Workforce Innovation and Opportunity Act (WIOA) may not be discriminated against based solely on their eligibility for WIA/WIOA when being considered for other financial assistance. This shall include financial assistance programs under Title IV of the Higher Education Act (HEA). The Training Institution shall ensure that WIA/WIOA funds provided are in addition to other funds. It is the responsibility of the Training Institution to provide internal controls to prevent any duplicative payments of tuition with federal funds.

10. ITA's will be issued for a specific time period (normally one semester, or quarter) and will be capped at up to \$7,000 per program. Each ITA will specify the cap amount for the specific program in which the individual will enroll.
11. Each WIA/WIOA applicant interested in an OST program that costs more than Escarosa's ITA financial cap will be referred to the training institution for financial information, advice, and assistance. The training provider and applicant will jointly develop and sign a financial plan that covers the full cost of the training – especially that portion exceeding the ITA's \$7,000 per program cap. All possible funding sources (e.g., PELL Grant, other federal/state educational grants, scholarships, etc.) should be considered. Student loans should be the exception to the rule and then applied only as a last resort. The training provider must ensure that each Escarosa participant is fully advised of his/her obligations towards all grants, scholarships, loans, etc. and the impact of his/her not meeting those obligations. The Escarosa participant will then provide a copy of the financial plan to his/her WIA/WIOA career manager for final approval prior to an ITA being issued.
12. The Training Institution shall refer any individual who is unable to continue the training specified back to Escarosa for other services.
13. The Training Institution agrees to make available for review during normal business hours. Any records pertaining to this agreement to any duly authorized monitor, auditor, or other representative of USDOL, Workforce Florida, The Department of Economic Opportunity and Escarosa.
14. Career Source Escarosa will notify the Training Institution of any changes in legislation, regulations or state directives that may impact this Agreement.

## **II. PERFORMANCE**

**All approved Private for Profit or Private Non-Profit Eligible Training Providers are required to be licensed by the Commission for Independent Education (CIE). CIE can be contacted at (850) 245-3200 or online at <http://www.fldoe.org/cie/>. This**

requirement does not apply to public educational institutions such as universities, state colleges, junior colleges, vo-tech centers operated by public educational districts.

In addition, all Training Institutions must agree to provide student-based information on performance and student's outcomes to the Florida Education Training and Placement Information Program (FETPIP), through CIE. Failure to do so will result in the Training Institution being removed from the Eligible Training Provider List (ETPL) for CareerSource Escarosa. Performance reports as required by FETPIP must also be provided to CareerSource Escarosa annually (no later than June 30 of any year).

Out of State Public Educational Institutions (e.g., Universities, Community/State Colleges, Vocational/Technical Centers) are not required to report performance to FETPIP. They are however, required to provide performance information within 45 days at the end of Escarosa's Fiscal Year (June 30) which stipulates the number of students (both WIA/WIOA and non-sponsored WIA/WIOA students) enrolled in each approved program; the number of completers, and the number of placements for each approved training program.

## II. SIGNATURE

IN WITNESS WHEREOF, the agents of the Training Institution and CareerSource Escarosa hereby certify that they have full authority to, and in accordance therewith on behalf of their respective principals, have executed this Training Provider Agreement.

CAREER SOURCE ESCAROSA

Provider

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: **Sheryl Rehberg – Executive Director**

Title: **Vicki Johnson – Financial Aid Counselor**

Date: \_\_\_\_\_

Date: \_\_\_\_\_