

**TANF Youth Development Program  
Occupational Skills Training Contract**

**Participant name:**

**PID:**

**Funding Stream:**

**CareerScope Interests and Aptitudes:**

- 1.
- 2.
- 3.

**Training Course Information:**

Training Provider Name:  
 Training Provider Phone number:  
 Training Provider Address:  
 Training Provider Contact Name:  
 Training Course Name:  
 Training Start Date:  
 Training End Date:

**Statement of Costs:** If acceptance in a course is contingent upon passing a drug test or medical physical, do not include that cost in the tuition or training cost on this document. Drug tests and medical physicals may be covered for eligible participants under the SCPa Works Supportive Services Policy #7A-1.22, and should be requested utilizing the appropriate procedures and forms, separate from this contract.

If the total amount indicated by the collective amounts in the chart below exceeds, or is more than, the total lifetime TANF Youth allotment of **\$3,000.00**, TANF service providers **must submit a request to the SCPa Works Programs Department for approval to increase the allowable amount for training.**

**TANF Youth Training Costs**

Tuition:		Textbooks:	
Registration Fee:		Lab Fees:	
Application Fee:		MVR/CDL Permit Fee:	
Equipment/Tools:		Other:	
Supplies:		<b>Total ITA Costs:</b>	

Is the training provider approved on the ETPL list? CHOOSE ONE

Attach the printout of the course from PaCareerlink.com to indicate inclusion on the ETPL.

**This CONTRACT is an AGREEMENT** for the payment of delivery of training services, and shall be construed under the laws of the Commonwealth of Pennsylvania, WIOA Final Rule, TANF YDP, and the SCPa Works TANF Youth Policy #P-27-11.22. If any provision of this Contract for Training Agreement is determined to be invalid or unenforceable, all other provisions shall also be considered invalid or unenforceable.

**Contract Approval**, whereof the parties as indicated below, intending to be bound by this Contract for Training, have caused their proper and duly authorized officers to execute and deliver this Agreement to be approved and effective whereas indicative of the signatures and dates below.

**SIGNATURES:**

I , \_\_\_\_\_ have reviewed this Contract for Training Agreement for form, content, funding and/or training restrictions and find that everything is in order. By signing this Agreement, I commit to abide by the standards for training established by SCPa Works policies and procedures, the TANF service provider, the training provider, and the TANF YDP Manual.

As a Title I/TANF program participant, my signature indicates that I understand that the dollar amount indicated as allowable funding for TANF Youth Participants in the SCPa Works TANF Youth Policy #P-27-11.22 will be reflected as my lifetime allotment as a Youth program participant.

TANF Youth Participant Signature

I, \_\_\_\_\_ as a TANF service provider case manager, hereby concur with and recommend the above grant aid distribution for the purpose of providing career-related training to the above-mentioned TANF Youth participant.

Case Manager Signature

Date

Manager (Vendor) Signature

Date



**TANF ITA Request for Payment**

**Training Provider:**

**Invoice #**

**Training Provider Address:**

**Phone#:**

**Participant's Name:**

**PID #:**

**Training Program:**

**ITA Agreement #:**

**Training Start Date:**

**Training End Date:**

**Approved ITA Amount:**

**Revised ITA Amount: (if applicable)**

**(Revised amount could be due to scholarships, loans or any unused amount.)**

**Account Status: Payment is contingent upon completion of the below Account Status Information**

A. Approved or Revised ITA Amount:

B. Total of Previous Request to Date:

C. Amount of This Request:

D. Total Payment Requests to Date:

E. Remaining ITA Balance: (Line A minus Line D)

FINAL INVOICE:

**\*\*No costs will be considered for payment after 60 days of term/training completion date\*\***

Authorized Training Service Provider Signature:

Title:

Date: