



**Whole Home Repairs (WHR)
Construction Trades
Contract for Training**

PARTICIPANT NAME: _____

WHR GAP CRM #: _____

CWDS PID: _____

Participant Information:

Participant Address: _____

Participant Phone Number: _____

Participant Email Address: _____

First Funding Stream:

Second Funding Stream:

Training Provider 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 into a training course or subsequent employment is contingent upon passing a drug test or physical, do not include the cost of the drug test or physical as a line item on this document. Mandatory drug tests and physical exams are funded through the supportive services allowance attached to the primary funding stream for training or subsequent employment. For example, if WHR is the primary funding stream for construction trades training, the drug test or physical exam would be funded through the WHR supportive services allowance.

Itemized Costs

| | | | |
|-------------------|--|------------------------------|--|
| Tuition: | | Textbooks: | |
| Registration Fee: | | Lab Fees: | |
| Application Fee: | | MVR/CDL Permit Fee: | |
| Equipment/Tools: | | Other: | |
| Supplies: | | Total Training Costs: | |

If the training will utilize a WIOA funding stream, is the provider approved on the ETPL list?

If the training will utilize a WIOA funding stream, attach the printout of the course as it is listed on the ETPL at PaCareerlink.com.

This CONTRACT is an AGREEMENT for the delivery of training services and shall be construed under the laws of the Commonwealth of Pennsylvania Community and Economic Development (DCED), the Dauphin County Redevelopment Authority (DCRA), and SCPa Works. If any provision of this Contract is deemed invalid or unenforceable, all other provisions shall continue in full force and effect.

SIGNATURES:

I have reviewed this Contract for form, content, funding, and training restrictions and find that everything is in order and ready for final contract signatures:

As a program participant, my signature indicates that I understand that the above dollar amount is reflected in my WHR lifetime allotment of \$6000.00 for training and \$750.00 for supportive services.

Participant Signature:

Date: _____

WHR Contract Approval, of which the parties, as indicated below, intending to be bound by this Contract, have caused their proper and duly authorized officers to execute and deliver this Contract to be approved and effective as of the date indicated above, and indicative of the signatures and dates below.

Training Provider Signature:

Date: _____

Vendor Signature:

Date: _____
