

**WIA CONTRACT AGREEMENT  
OJT-ARRA**

**Form 1**

**Agreement No:** \_\_\_\_\_

**Modification No:** \_\_\_\_\_

This "Agreement is entered into by and between the Jefferson County Commission, hereinafter referred to as the "WIA Recipient" as so designated pursuant to the Workforce Investment Act and \_\_\_\_\_, hereinafter referred to the "WIA Contractor". The " WIA Contractor" agrees to provide certain services on behalf of the "WIA Recipient" in compliance with the terms of this agreement and pursuant to the rules and regulations of the aforementioned Workforce Investment Act, hereinafter referred to as the" Act".

The "Agreement" is composed of Six Sections, each and integral part of the whole, incorporated herein by this reference and authentication by the respective signatory officials. The sections incorporated herein by this "Agreement" include this signature page, contract summary, statement of work, budget sheets, certifications, and General Provisions.

The "WIA Recipient" (Jefferson County) reserves the right to unilaterally modify the contract amount and/or other provisions of this "Agreement".

- A.** The "Contract" amount shall be within the limits of the budget section and shall not exceed; \_\_\_\_\_.
  
- B.** The duration of this contract shall be from the effective date of \_\_\_\_\_ through the termination/completion date of \_\_\_\_\_.

IN WITNESS WHEREOF, the parties herto have executed this "Contract" as of the latest date appearing below, and in signing, and thereby validating this agreement, the parties also certify that each possesses legal authority to contractually bind their respective organizations in their capacity as a signatory official.

BY: \_\_\_\_\_  
Recipient Signatory Official

BY: \_\_\_\_\_  
Contractor Signatory Official

BY: \_\_\_\_\_  
Bettye Fine Collins

BY: \_\_\_\_\_

TITLE: President, Jefferson County Commission

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

# WIA Contract Summary OJT-ARRA

## Form 2

Agreement No: \_\_\_\_\_

Modification No: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ 2. Contact Person: \_\_\_\_\_

Organization Unit: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Alabama Business License #: \_\_\_\_\_

### 3. Type of Organization:

a. Local Government \_\_\_\_\_ d. Comm/Tech College \_\_\_\_\_ g. Non-Profit \_\_\_\_\_  
b. State Agency \_\_\_\_\_ e. College/University \_\_\_\_\_ h. Private-for-Profit \_\_\_\_\_  
c. School Agency \_\_\_\_\_ f. Community Based Org. \_\_\_\_\_ i. Other \_\_\_\_\_

4. Program Short Title: \_\_\_\_\_

Brief Program Description:

### 5. Funding Source (Check One):

a. WIA Adult \_\_\_\_\_ c. WIA Dislocated Worker \_\_\_\_\_ e. YOG \_\_\_\_\_  
b. WIA Youth \_\_\_\_\_ d. Welfare-to-Work \_\_\_\_\_ f. Other \_\_\_\_\_

### 6. Proposed Cost/Price:

a. Administration \$0.00 \_\_\_\_\_  
b. Program \$0.00 \_\_\_\_\_  
c. Sub Total \$0.00 \_\_\_\_\_

d. Grand Total Cost \$0.00 \_\_\_\_\_

### 7. Performance

a. Total to be Enrolled \_\_\_\_\_  
b. Total to Exit Program \_\_\_\_\_  
c. Total to be Employed 1st and 3rd \_\_\_\_\_  
d. Total # of approved credentials to be awarded \_\_\_\_\_  
e. Cost per Participant \_\_\_\_\_

## Budget Section Cover Sheet

Subrecipients's Name and Address:

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Name/ Address of Fiscal Agent (If Different)

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Agreement No: \_\_\_\_\_

Modification No: \_\_\_\_\_

Federal ID No: \_\_\_\_\_

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

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

Mod. Effective Date: \_\_\_\_\_

Total Amount

Administration

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Program

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Other:

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Other:

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Other:

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Other:

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**Total Contract:**

\$0.00

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**Budget**

(Indicate as Appropriate)

Administration: \_\_\_\_\_

Agreement No: \_\_\_\_\_

**Form 4**

Modification No: \_\_\_\_\_

		<u><b>Total Amount</b></u>
A. Administration Cost (Items 1-14)		
<b>A1. Staff And Salaries</b> (Itemized/Show %)		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
<b>Total Staff Salaries:</b>		<u><b>\$0.00</b></u>
<b>A2. Staff Fringe Benefits:</b>		
FICA	(7.65%)	\$0.00
Insurance (Itemize on Report Backup)		\$0.00
Retirement	( %)	\$0.00
Worker's Compensation	( %)	\$0.00
Unemployment Compensation	( %)	\$0.00
FUTA	(.8%)	\$0.00
Other (Specify) _____		\$0.00
<b>Total Staff Fringes</b>		<u><b>\$0.00</b></u>
<b>A3. Staff Travel:</b> (Itemize on Report Backup)		
In-State		\$0.00
Out-of-State		\$0.00
<b>Total Travel</b>		<u><b>\$0.00</b></u>
<b>A4. Rent:</b>		<u>\$0.00</u>
<b>A.5. Utilities</b>		<u>\$0.00</u>
<b>A6. Communications:</b> (telephone, Internet, etc.)		<u>\$0.00</u>
<b>A7. Postage</b>		<u>\$0.00</u>
<b>A8. Office Supplies:</b>		<u>\$0.00</u>
<b>A9 .Equipment</b> (itemize on Report Backup)		<u>\$0.00</u>
<b>A10. Specify Other</b> (itemize on Report Backup)		<u>\$0.00</u>
Contract Services _____		<u>\$0.00</u>
_____		<u>\$0.00</u>
<b>Total Direct Costs (Items 1-10)</b>		<u><b>\$0.00</b></u>
<b>Indirect Costs</b>		
A11. Indirect (Specify Below)		
Rate at _____ % on \$ _____.		<u>\$0.00</u>
<b>Total Administration Costs (Items 1-11)</b>		<u><b>\$0.00</b></u>

**Budget**

(Indicate as Appropriate)

**Program:** \_\_\_\_\_

**Other Cost Category:** \_\_\_\_\_

**Agreement No:** \_\_\_\_\_

**Form 5**

**Modification No:** \_\_\_\_\_

		<u><b>Total Amount</b></u>
B. Program Cost (Items 1-16)		
<b>B1. Staff And Salaries</b> (Itemized/Show %)		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
_____		\$0.00
<b>Total Staff Salaries:</b>		<u><b>\$0.00</b></u>
<b>B2. Staff Fringe Benefits:</b>		
FICA	(7.65%)	\$0.00
Insurance (Itemize on Report Backup)		\$0.00
Retirement	( %)	\$0.00
Worker's Compensation	( %)	\$0.00
Unemployment Compensation	( %)	\$0.00
FUTA	(.8%)	\$0.00
Other (Specify) _____		\$0.00
<b>Total Staff Fringes</b>		<u><b>\$0.00</b></u>
<b>B3. Staff Travel:</b> (Itemize on Report Backup)		
In-State		\$0.00
Out-of-State		\$0.00
<b>Total Travel</b>		<u><b>\$0.00</b></u>
<b>B4. Rent:</b>		<u>\$0.00</u>
<b>B.5. Utilities</b>		<u>\$0.00</u>
<b>B6. Communications:</b> (telephone, Internet, etc.)		<u>\$0.00</u>
<b>B7. Postage</b>		<u>\$0.00</u>
<b>B8. Office Supplies:</b>		<u>\$0.00</u>
<b>B9. Books &amp; Training/ Teaching Aides:</b>		<u>\$0.00</u>
<b>B10. Equipment</b> (itemize on Report Backup)		<u>\$0.00</u>
<b>B11. Specify Other</b> (itemize on Report Backup)		\$0.00
Contract Services _____		\$0.00
Indirect Cost rate ( % ) _____		\$0.00
_____		\$0.00
<b>B12. On-the-Job- Training</b> (Show details on Report Backup)		<u>\$0.00</u>
<b>B13. Work Experience Wages</b>		<u>\$0.00</u>
<b>B14. Work Experience FICA</b> (7.65%)		<u>\$0.00</u>
<b>B15. Individual Training Accounts</b>		<u>\$0.00</u>
<b>B16. Supportive Services to Participants</b>		<u>\$0.00</u>
( Specify on Backup)		
<b>Total Program Operation Costs B4-B16</b>		<u>\$0.00</u>
<b>Total Program (Items 1-16)</b>		<u><b>\$0.00</b></u>

**Budget Backup**

(Indicate as Appropriate)

Administration: \_\_\_\_\_

Program: \_\_\_\_\_

Agreement No: \_\_\_\_\_

Modification No: \_\_\_\_\_

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