

# THE DIVISION OF CONTINUING EDUCATION

## CORPORATE AND PUBLIC SECTOR TRAINING

New Jersey Community College Consortium for  
 Workforce and Economic Development  
 New Jersey Council of County Colleges  
 330 West State Street, Trenton, NJ 08618

### Basic Skills/Employability Skills Workforce Training Program Participation Agreement

We will be participating in the Basic Skills Workforce Training Program funded by the New Jersey Department of Labor and Workforce Development (NJLWD). We understand that this instructional program will be managed under the supervision of the New Jersey Community College Consortium for Workforce and Economic Development (Consortium), in partnership with the New Jersey Business & Industry Association and delivered by local community college.

It is further understood and agreed that our company will comply with the grant’s requirements which include: maintain a minimum of 10 employees in attendance per hour of instruction for dedicated classes; provide wage range data, job titles, and email addresses for all attendees and supply our company FEIN and DUNS numbers. If any of these conditions are not met and full funding from LWD is not achieved, we agree to compensate the Consortium in an amount equal to the difference between the full amount invoiced to LWD and any prorated payments made by LWD under the grant should attendance in classes offered to our company fall below the minimum attendance requirements. We further agree to provide all of the above referenced data to the delivering community college within 10 business days of the end of the class. Failure to do so could subject the company to an invoice equal to the tuition value of the class.

If we chose to participate in the program by sending our employees to any of the Open Enrollment style classes we agree to guarantee the employee’s attendance or to compensate the Consortium in an amount equal to that individual’s percentage tuition as measured against full LWD funding. We understand that cancellations must be made 48 hours in advance of the start of the training program and that any cancellations within 48 hours will be charged at a rate of \$160 per employee.

_____ Name	_____ Signature
_____ Date	_____ Company Name
_____ Company Address	_____ Company FEIN #
_____ Company Address (cont'd)	_____ Company DUNS#
_____ Contact Email	_____ Contact Phone



Ver. 1/2087