

  
**EMPLOYED WORKER TRAINING AGREEMENT**  
**WORKFORCE**  
**CENTRAL FLORIDA**

This agreement is entered into between Central Florida Regional Workforce Development Board, d/b/a WORKFORCE CENTRAL FLORIDA, hereinafter referred to as "WCF", with administrative offices located at 1097 Sand Pond Road, Suite 1009, Lake Mary, Florida 32746 and Leesburg Fire Department with offices at 201 South Canal Street, Leesburg Florida 34748 hereinafter referred to as the "Employer", for the purpose of providing customized occupational skills training to certain employees of the Employer. WCF agrees to pay for out of pocket direct training costs in accordance with the attachments to this document for an amount not to exceed **Eighteen Thousand Four Hundred Five dollars and 00/100 (\$18,405.00)**. The term of this agreement shall begin on **November 6, 2006**, and end on **May 6, 2006**. WCF is not obligated to pay for costs incurred related to this agreement prior to this agreement's begin date or after the end date.

This agreement, which incorporates herein by reference, Attachment 1, Budget, Attachment 2, Training Vendor Information, Attachment 3, Trainee Information, the Application, and the Guidelines, contains all the terms and conditions agreed upon by both parties.

IN WITNESS THEREOF, the parties hereto have caused this contract to be executed by their undersigned officials as duly authorized.

**EMPLOYER:**

SIGNED BY:

*James L. Frazier*

NAME: James L. Frazier

TITLE: Division Chief, Training & Administration

DATE: 11/06/06

ATTEST:

*Brien @ Bowers*

NAME AND TITLE: Brien Bowers, Division Chief

**WORKFORCE CENTRAL FLORIDA, INC.**

SIGNED BY:

*Gary J. Earl*  
for Gary J. Earl,  
President/CEO

DATE:

11/6/06

WCF offers equal opportunity programs & auxiliary aids and services are available upon request to individuals with disabilities. TTY: 407-805-8023 Member Employ Florida.

**AGREEMENT IS NOT VALID UNTIL SIGNED BY BOTH PARTIES**

## Attachment 1 Employed Worker Training Program Budget

Budget category	Cost per trainee	# of employees to be trained	Total Cost of training	% of cost to be paid by WCF	Total \$ amount to be paid by WCF	Total \$ amount to be paid by Employer
1. Tuition, textbooks, training materials, etc.	\$1,082.65	34	\$36,810	50%	\$18,405	\$18,405
2. Training equipment Purchase			\$1,595	EWT Grant Cannot Fund	EWT Grant Cannot Fund	\$1,595
3. Travel, Food, Lodging				EWT Grant Cannot Fund	EWT Grant Cannot Fund	
4. Other Costs (describe)				EWT Grant Cannot Fund	EWT Grant Cannot Fund	
5. Trainee Wages (including Benefits)	Not applicable	Not applicable	Not applicable	EWT Grant Cannot Fund	EWT Grant Cannot Fund	\$54,000
<b>Total</b>			<b>\$38,405</b>	<b>50%</b>	<b>\$18,405</b>	<b>\$74,000</b>

## Attachment 2 EWT Training Vendor Information

Company Name: City of Leesburg Fire Department

WCF Agreement #: 132

Name, title and contract information of person completing this form: James L. Frazier, Division Chief  
352-728-9780, [jim.frazier@leesburgflorida.gov](mailto:jim.frazier@leesburgflorida.gov)

Area of Training:	
The training vendor is (check the appropriate box)	<input checked="" type="checkbox"/> Public training institution <input type="checkbox"/> Private training institution <input type="checkbox"/> Other, please explain: _____
Training will be delivered (check the appropriate box)	<input type="checkbox"/> On site, at my company <input checked="" type="checkbox"/> At the training institution <input type="checkbox"/> In WCF's Mobile Training Unit <input type="checkbox"/> Other, please explain: _____
Name of Training Vendor: Lake Technical Institute, Public Safety	
Name of Training Vendor contact: Mr. Ron Williams	
Contact information: Phone: 352-742-6463	Email address: <a href="mailto:retfc2@yahoo.com">retfc2@yahoo.com</a>
Mailing address: 1565 Lane Park Cutoff	
City: Leesburg	State: Florida
	Zip: 32778
Type of Training / name of course: USAR Courses (Confined Space, VMR, Collapse, Trench, Rope) Aerial Operations and Truck Operations	

To be completed by the proposed training vendor if the training vendor is not a public education agency such as a community college, vocational center, etc

All training proposed under WCF's Employed Worker Training Grants must lead to an industry-recognized certificate/credential or a certificate/credential recognizing a skill standard that has been achieved. So that we may ensure that this proposed training meets that requirement, please answer the following questions.

Are you using an industry recognized curriculum or a recognized skill standard curriculum that will lead to a certificate/credential for the employees who successfully complete your training?  
 Yes  No If yes, please provide further detail on a separate sheet of letterhead.

Do you have references from other local employers that have used your services to train their employees?  
 Yes  No If yes, how many local employers have paid for you to train their employees? \_\_\_\_\_

Does your curriculum lead to a national certification / credential such as Microsoft Certified

Network Engineer, etc.  Yes  No If yes, please provide further detail on a separate sheet of letterhead.

Does your organization fill the role of a corporate trainer for an organization with multiple national or state offices?  Yes  No If yes, please provide further detail on a separate sheet of letterhead.

Authorized signature of the proposed training vendor:

Date of authorized signature:

Please duplicate this form as needed to provide a form for each type of training and training vendor.

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Company Name: City of Leesburg Fire Department

WCF Agreement #: \_\_\_\_\_

Name, title and contract information of person completing this form: James L. Frazier, Division Chief,  
352-728-9789, [jim.frazier@leesburgflorida.gov](mailto:jim.frazier@leesburgflorida.gov)

Area of Training:	
The training vendor is (check the appropriate box)	<input type="checkbox"/> Public training institution <input checked="" type="checkbox"/> Private training institution <input type="checkbox"/> Other, please explain: _____
Training will be delivered (check the appropriate box)	<input type="checkbox"/> On site, at my company <input checked="" type="checkbox"/> At the training institution <input type="checkbox"/> In WCF's Mobile Training Unit <input type="checkbox"/> Other, please explain: _____
Name of Training Vendor: Fire Department Training Network	
Name of Training Vendor contact: James McCormack	
Contact information: Phone: 317-862-9679	Email address: info@fdtraining.com
Mailing address: P.O. Box 1852	
City: Indianapolis	State: IN
Zip: 46206	
Type of Training / name of course: Engine/Truck Operations and Fire Company Officer	

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