

**TENCO WORKFORCE INNOVATION AND OPPORTUNITY ACT  
WORKFORCE DEVELOPMENT AREA (WDA)  
PARTICIPANT AGREEMENT  
Individual Training Account and Support Service Agreement**

**Agreement Number:** \_\_\_\_\_

<b>Name:</b> _____	<b>Workforce Case #:</b> _____
<b>Address:</b> _____	<b>Phone #:</b> _____
	<b>Alt Phone #:</b> _____
<b>Adult</b> _____	<b>Dislocated Worker</b> _____
<b>Youth</b> _____	<b>Trade</b> _____
	<b>NEG</b> _____
	<b>RRAA</b> _____
<b>Training Enrollment Date:</b> _____	<b>Anticipated Completion Date:</b> _____
<b>Major Course of Study:</b> _____	
<b>Training Institution:</b> _____	
<b>Address:</b> _____	
_____	
<b>School Contact Person:</b> _____	

**Telephone Numbers:**

***Buffalo Trace ADD***

1-800-998-4347  
606-564-6894

***FIVCO Area***

606-920-2024  
606-929-1366

***Gateway Area***

606-783-8525  
606-780-0090

**As a TENCO WDA participant, I understand and agree to the following:**

1. I understand that Buffalo Trace Area Development District, on behalf of the TENCO Workforce Development Board will provide funding toward the cost of education to the training institution identified above.
2. I will enroll and attend classes required for the above named course of study on a full time basis. However, I also understand the TENCO WDA will waive the requirement to attend training on a full-time basis if: 1) The courses required to complete my course of study are not offered during a particular semester/quarter; 2) I am attending the last quarter or semester of my course of study and required to complete a minimal number of courses; 3) TENCO WDA will only be paying for a select number of courses toward the completion of a course of study.
3. I shall obtain, complete and submit the Kentucky and Federal Financial Aid Forms requesting consideration for Grant Funds that may be available to me. Upon notification of award, I will

provide the TENCO WDA Career Counselor with one copy of the Student Financial Aid award notification. In the event I am not eligible for financial assistance through a State or Federal Grant, I will notify TENCO representatives.

4. I agree to provide TENCO WDA representatives with any information related to financial or educational assistance provided by other funding sources. Providing this information will eliminate the possibility of making duplicate payments for any costs. A duplication of payment is unallowable and may require repayment from a participant or educational institution. TENCO Workforce Development Area will not fund a participant's educational cost without receipt of financial aid notification documentation.
5. I agree to the exchange of information between TENCO Workforce Innovation and Opportunity Act Title I, the educational institution Financial Aid office, and other agencies providing assistance on my behalf. This information will be used to document my financial status or that of my family for purposes of determining my eligibility to receive financial assistance to attend the above named educational institution.
6. Upon request, provide the TENCO WDA staff with receipts or invoices for allowable purchases that may be reimbursed to me for costs incurred. Buffalo Trace Area Development District, Administrative Entity for TENCO Workforce Development Board and the Local Elected Officials, reserves the right to deny or withhold payment for allowable costs incurred pending receipt of original invoices or information related to training. Allowable costs approved by a TENCO WDA representative may include: book costs, transportation costs, child care costs, uniforms, or supplies required by an educational institution. To be considered for reimbursement, the WDA Career Counselor shall represent the costs on the TENCO financial obligation form, after consideration of other sources of grant funding.
7. I understand that as approved, tuition, fees, books, and supplies will be paid directly to the Training Institution at which I am enrolled and attending training or to an applicable vendor. Such payments will not be paid to me or any other individual on my behalf unless prior approval has been granted by a TENCOWDA Career Counselor.
8. Continued assistance through the Workforce Innovation and Opportunity Act is contingent upon satisfactory performance in training (2.0 grade point average or better per semester unless otherwise approved by a WDA Career Counselor, attendance at scheduled classes as required by the WDA or school. Additionally, continued funding is contingent upon the availability of federal funding through the Workforce Innovation and Opportunity Act, up to the amount established by TENCO WDA on the Financial Budget Worksheet.
9. I understand that I may be eligible to receive assistance with Supportive Service costs. Assistance with such costs may be made available in accordance with policies established by TENCO Workforce Development Board, up to the amount established as my individual "unmet need" for educational expenses. Such assistance is contingent upon the availability of WDA funding, authorization of program activities, federal or state legislative actions, continued performance and attendance as required by the TENCO Workforce Development Board or educational institution.
10. If approved to receive assistance for supportive service needs, I agree to provide TENCO WDA representatives with a true and accurate record of class attendance, mileage records, or other expenses incurred for allowable costs. I understand that misrepresenting costs or providing false information will result in the denial of the request, may result in denial of future WIOA Title I

services and/or further collection actions taken by Buffalo Trace Area Development District, Administrative Entity for TENCO Workforce Development Board.

11. I agree to meet with my WDA Career Counselor as scheduled upon entrance into the program or at any time deemed appropriate by TENCO. This is a requirement for continued WDA funding.
12. I agree to report changes in training status, progress, employment, earnings, follow-up with the TENCO WDA staff for 12 months following completion of training. Should I withdraw from training or scheduled courses, I agree to notify the TENCO WIOA Title I Counselor prior to withdrawal from training. I understand that information provided to a TENCO WIOA Title I representative is confidential and will be used to ensure accuracy of participant records, expenditures, and performance data.
13. In the event I receive WDA funds that are later disallowed due to misrepresentation of information or purchasing unallowable items, I understand that I will be responsible for repayment of the Federal Funds to Buffalo Trace Area Development District, Administrative Entity for TENCO Workforce Development Board.
14. I agree to provide TENCO WDA Career Counselors with a copy of grade reports, transcripts, attendance records, supportive service information and receipts as requested. Continued funding will be contingent upon providing the TENCO WDA Career Counselor with such information.
15. I understand that Buffalo Trace Area Development District will not cover costs which have not been approved in writing, documented on my Individual Service Strategy and required by the educational institution at which I am receiving skills training.
16. TENCO Workforce Development Area staff is authorized to use my photograph for purposes of program promotion, advertising, or nominations for awards as determined appropriate.  
☐ **Yes**      ☐ **No**

All signatures below represent agreement to the outlined terms and conditions stated herein, including the release of information necessary to maintain accurate participant records and authorize payment for allowable costs.

### **Signatures**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**TENCO WDA Representative Signature**

\_\_\_\_\_  
**Date**