

**REGION 1 WORKFORCE INVESTMENT BOARD
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WORK4WV-REGION 1, INC.**

**MEMORANDUM OF UNDERSTANDING
WITH PARTICIPANTS**

I, _____, am receiving services under the Workforce Investment Act (WIA). I agree to the following conditions and statements in order to receive services.

- # I understand that funding may be provided in order to complete occupational training. This training must be completed within 30 months. Training must begin within ninety (90) days of the issue date of the Individual Training Account (ITA). Training is limited to one (1) training. I am aware that Workforce Investment Act funds for Region 1 are limited and may exhaust before my training is complete and therefore Region 1 Workforce Investment Board/WORK4WV-Region 1, Inc. will not be obligated to provide further funding.
- # I will enroll, participate and complete in no less than 12 credit hours per semester and / or 10 instructional hours per week.
- # If my training facility is Pell Grant eligible, I must apply and submit the Student Aid Report (SAR) before an ITA is issued. I must apply for PELL and submit a SAR each school year while in WIA training to continue receiving WIA funding.
- # I understand that any default on federally funded or federally guaranteed student loan(s) may disqualify the awarding of any and all WIA funds.
- # I must be making satisfactory progress in my training program in order to receive supportive services and needs-related payments (if authorized). Satisfactory progress is completing the report period (i.e., semester or quarter) with a minimum of 2.5 grade point average (GPA). Continuation of receiving supportive payment is dependent upon receipt of grading period report from the participant. Additional Support payments will not occur until grade period report is received by the WIB Accounts Manager.
- # I must submit my attendance form every two (2) weeks.
- # I will notify my training provider immediately if I accept temporary or permanent full or part-time employment while receiving services.
- # I understand that if I have any questions or need assistance that staff is available to assist me at (____) _____ (ACMC).
- # I understand that I have the right to file a grievance under the WIA Regulations section 667.600 and section 181 of the Workforce Investment Act.

_____ I agree to the conditions in this
Memorandum of Understanding.

_____ I refuse the conditions in this
Memorandum of Understanding.

Participant Signature

Date

The undersigned has reviewed this document with the participant and was able to respond to the participant's questions. The participant appeared to understand the conditions contained in the Memorandum of Understanding.

Case Manager (ACMC)

Date