

ON-THE-JOB (OJT) TRAINING AGREEMENT NO. 008-OJT-23

1 - Parties	
Funder	Contractor ~ Legal Name of Employer
CareerSource Broward (CSBD)	Employer: North Broward Hospital District Db a Broward Health
	Tax ID #:
	Business Type:
2 - Notice Information	
Must be certified mail return receipt requested	
CareerSource Broward 2890 West Cypress Creek Rd. Fort Lauderdale, FL 33309	Employer Legal Address: North Broward Hospital District d/b/a Broward Health 1800 NW 49 th St. Fort Lauderdale, FL 33309
3 - Term of the Agreement	
From: Last Date Signed by the Parties	To: June 30, 2026
4 - Signature Block	
CareerSource Broward	Employer
<p><i>Carol Hylton</i></p> <hr/> <p>President/CEO</p> <p>Date <u>03/26/2024</u></p>	<p align="center"><i>(Must be an Owner or Officer)</i></p> <p align="center">DocuSigned by: <i>Alisa Bert</i></p> <hr/> <p>Signature E153AA44F98E4CB...</p> <p><u>Alisa Bert</u> 3/26/2024</p> <p>Print Name Date</p> <p>Interim CFO</p> <p>Title</p>
<p><i>Michelle Williams</i> <i>Moya Brothwaite</i></p> <hr/> <p>Witness Witness</p>	<p align="center">DocuSigned by: <i>Janet Palmer</i></p> <hr/> <p align="center">82F12E404EE54D6... Witness</p> <p align="center">DocuSigned by: <i>Tetyana Hontar</i></p> <hr/> <p align="center">6F46E37DEE8345D... Witness</p>

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5 - Type of Agreement	
<p style="text-align: center;">Master Agreement</p> <p>This Agreement is applicable to each participant for whom a Training Plan has been executed and shall apply to new or existing employees needing additional skills to be able to perform on the job.</p> <p>A training plan must be completed, approved by CSBD and signed by the parties for every employee to be trained under this Agreement. Each executed training plan is incorporated into and made a part of this Agreement as if it is fully set forth herein.</p> <p>The State Assurances and Certifications are incorporated into and made a part of this Agreement as if they were fully set forth herein.</p> <p>Employer may not assign the contract or subcontract their responsibilities without CSBD's written approval.</p>	<p style="text-align: center;">Performance Based Agreement</p> <p>Employer agrees to hire and train the participants in accordance with the applicable executed training plans. In exchange Employer will be paid the percentage of each employee /trainee's straight time hourly wage, in accordance with the training plan, for each hour participant works not to exceed the maximum allowable training hours listed in the training plan for each trainee except that should the participant not be retained or leave the job during the final 160 hours of the training or the thirty (30) calendar days following the end of training, employer shall forfeit the wage reimbursement for the last month of training which shall be calculated based upon one hundred and sixty (160) hours.</p> <p>The payments under this Agreement represent the extra cost to employer for providing the training necessary for the employee to perform on the job.</p> <p>The number of signed training plans shall determine the number of employees for whom employer may be reimbursed. CSBD shall be the sole determiner of whether to award a training plan to Employer.</p>

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6 - Identification of Trainees and Nepotism		
	A	Employer may identify prospective trainees. This shall be referred to as a reverse referral. CSBD is under no obligation to enroll the individual into the OJT program or refer them back to employer.
	B	CSBD shall be responsible for determining the eligibility of prospective trainees and whether they may participate in the program. All individuals, regardless of whether they are a “reverse referral” or a CSBD referral must go through the eligibility determination and enrollment process prior to being “on- boarded” or hired by employer.
	C	Employer agrees to hire new trainee/participants after contract execution but prior to the start of the training as a member of their regular workforce except in the case of current employees for who an “Upgrade OJT” training plan has been approved.
	D	Previous employees, including individuals with whom the employer has had a 1099 relationship within three (3) years of the execution date of the contract are not eligible to participate in the OJT program. Employer agrees to repay CSBD for any employee/trainee wages reimbursed for individuals hired under this agreement in violation of this section.
	E	Employer must execute a training plan for each trainee.
	F	Employer certifies that trainees are not members of their immediate family or the immediate family of Employer’s supervisory or management staff. Employer must disclose if they are related to a CSBD staff member or to a Broward Workforce Development Board, Inc. (BWDB) member or to the Mayors of Hollywood and Fort Lauderdale or to a Broward County Commissioner. Disclosures shall be made prior to training to the CSBD Vice President of Communications.
G	Employer agrees not to discriminate in hiring or employment practices and to comply with the Civil Rights Act of 1964, as amended, the Age Discrimination Act of 1975, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended.	

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7 - Training	A	Employer agrees to provide the training necessary for trainee to perform on the job.
	B	To be eligible for the full amount of the reimbursement described in the training plan for each trainee which is incorporated into this Agreement by reference as if set forth in its entirety, Contractor must provide the training and employ the participant for the total number of hours per week and the total number of hours described in the training plan including during the retention period. In the event employer reduces a trainee's hours by ten percent (10%), the Training Plan Amendment shall be considered terminated and employer shall not be entitled to reimbursement for any outstanding invoices covering time periods during which the employee/trainee's hours have been reduced. In the event work hours are reduced following retention this shall be considered in evaluating employer's OJT performance.
8 - Wages and Benefits	A	Employer must adhere to collective bargaining agreements, which apply to positions filled by employee/trainees hired under this agreement.
	B	Employer agrees to provide trainees with the same terms of employment, working conditions, wages and fringe benefits provided to other employees in the same or similar positions.
	C	Employer agrees to maintain Worker's Compensation insurance to cover its direct employee/trainees.
	D	Employer must comply with local, State and Federal wage and hour laws.
	E	Employer agrees to adhere to the CSBD grievance procedures if a complaint arises in connection with the trainee and the training.
9 - Payment	A	Employer's reimbursement percentage is based upon the number of employees, claimed by employer, on the attestation included in the Training Plan regardless of whether they are full time or part time. CSBD reserves the right to alter the amount of the reimbursement if CSBD determines that the Employer did not provide the correct employee count to CSBD staff at the time of entry into the Contract.
	B	Employer agrees to maintain written time and attendance records on CSBD timesheets to document the days and hours of training for each employee/trainee.

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	C	Employer may bill CSBD for overtime hours at the straight time rate up to the approved number of training hours and agrees to pay for the overtime portion of the wage out of Employer's own funds.
	D	Employer will not be reimbursed for paid holidays, sick, vacation or other leave time granted to trainee.
	E	Payments to trainees during the training and retention period must be substantiated and therefore must be made by check or ACH. The cashed check or ACH will be the record of the wages paid to trainee and must be submitted with the invoice. Requests for reimbursement based upon cash payment of wages will not be honored or reimbursed by CSBD.
	F	In consideration of participating in this wage reimbursement program, Employer agrees that no property rights are created in the participant trainee wages and that CSBD's determination regarding the amount of the wage reimbursement due employer following the submission of the required documentation, shall be considered absolute and final. Further employer agrees to forgo any right to appeal the amount of the wage reimbursement to the CSBD governing boards, the state or the state or federal courts.
	G	For any week during which employer reduces a trainee's rate of pay from that stated in the training plan or reduces a trainee's work hours to less than those stated in the training plan as the number of hours constituting the regular "work week", the employer shall forfeit reimbursement for that portion of any invoice reflecting that the employee/trainees hours or wages were reduced. Where the work hours have been reduced and reflected on the timesheet by the trainee as holiday, sick, vacation or other leave time, this will not impact the employer reimbursement.
	H	If during the retention period Employer reduces a trainee's rate of pay from that stated in the training plan or reduces a trainee's work hours to less than those stated in the training plan as the number of hours constituting the regular "work week," the employer shall forfeit the entire reimbursement. Where the work hours have been reduced and reflected on the timesheet by the trainee as holiday, sick, vacation or other leave time, this will not impact the employer reimbursement.
	I	Employer must invoice by the tenth (10th) of each month for the immediately preceding month in which the participant has worked.

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	J	The invoice for the final 160 hours of training will be paid upon the participant's completion of the training and retention in employment for 30 days after the training period has ended. If the participant is not retained during the final 160 hours of training and for 30 days after the training period has ended, employer agrees to forfeit the right to the reimbursement for the participant's wages paid during the final 160 hours of the training period.
	K	Employer agrees to use CSBD's invoice form. Payments are generally made within thirty (30) days of receiving a correct invoice and all required back-up documentation. All payments to Employer shall be made by ACH.
	L	Contractor shall submit invoices accompanied by a copy of the trainees', (1) timesheets signed and dated by the employee and employer showing actual hours worked during the training period, (2) payroll register or payroll stubs and, (3) a copy of the canceled checks (front and back) or ACH payroll record in order to be paid. If ACH is used to pay trainee(s), a copy of the bank statement documenting the ACH payment is also required. Late invoices are subject to payment at CSBD's discretion.
	M	The responsibility for invoicing CSBD and for proving that CSBD has received the invoice shall be the responsibility of the Employer. CSBD shall not be responsible for electronic invoices which fail to clear the CSBD firewall or are too large to be accepted or otherwise fail to be delivered. Any question regarding the receipt of an invoice should be directed to OJTfinance@Careersourcebroward.com . Invoices begin to age following the 10th of the month in which the invoice is due. CSBD will not be responsible for payment of invoices more than thirty (30) days old and Employer agrees to forfeit their right to payment for such invoices. There shall be no appeal from this section.
	N	Employer agrees that they hereby release and discharge CSBD from any financial claims arising from this Agreement upon Employer's receipt of the final payment of amounts due under this Contract, which may be a training reimbursement or retention payment, as applicable, or the last payment for preceding invoices more than thirty (30) days late, less any credits, refunds, or rebates due to CSBD.
10. Record Requirements and Retention	A	Employer agrees to keep all records related to the contract and program for five (5) years or in the case of a claim, litigation, audit, or monitoring finding, until the matter is resolved, whichever is later.

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	B	Employer agrees to maintain a written record of the wages and fringe benefits paid to each employee-trainee through the record retention period.
	C	Employer agrees to provide access to the records related to the program to CSBD, state, and/or federal officials through the record retention period.
11. Termination of the Contract	A	Either party may terminate this Agreement upon thirty (30) days written notice to the other.
	B	CSBD may terminate this Agreement if the state or federal government terminates or reduces the grants, which make this contract possible.
	C	CSBD may immediately terminate this Agreement if Employer has violated the terms and conditions of this Agreement with notice to Employer via the United States Mail, Federal Express or other recognized Carrier.
	D	CSBD may immediately terminate this Agreement or cease from approving new training plans/trainees at any time with notice to Employer via the United States Mail, Federal Express or other recognized Carrier, that Employer has (1) made a determination to close their business, (2) reduced the number of employees including CSBD trainee participants, (3) failed to provide the training as described in the training plan. In such instance CSBD will reimburse contractor for wages due pursuant to the active training plans through the date of termination, except that any retention payments associated with trainees not yet reimbursed, even though an invoice may have been received, will be forfeited and employer will not be paid, (4) reduced the hours of trainees or employees during a period of sixty (60) days following retention.
	E	CSBD may terminate the Contract if employer does not meet the retention policy as described in Attachment B to this Agreement.
12. Modification and Notice	A	This Agreement may be modified if both parties sign a written amendment.
	B	CSBD may unilaterally amend this Agreement if there are changes in federal, state or local laws, rules, regulations, or policies.
13. Compliance with the law	A	The parties agree that this Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida.

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B	Venue for litigation regarding this Agreement shall be in Broward County.
C	Employer will comply with federal and state laws governing the OJT Program.
D	Employer will not encourage or discourage union activities. Funds shall not be used directly or indirectly to fill a vacancy due to a strike or lock-out as a result of a labor dispute.
E	Employer agrees not to engage employee/trainees in sectarian activities or in the construction of sectarian facilities.
F	Neither Employer nor their representative may charge trainee a fee for the placement or referral of the trainee in a position funded by this Agreement.
G	Employer agrees that this program will not result in the displacement of currently employed workers or impair existing contracts for services.
H	No funds provided under this Agreement will be used to train an employee/trainee to fill a job opening created by a hiring freeze, lay off or termination of a regular employee to create a vacancy for trainee.
I	If employer has relocated from a different area in the country and terminated employees in that location employer certifies that the date of execution of this Agreement is at least one hundred and twenty (120) days after beginning business operations in the new location. Violations may result in damages pursuant to 20CFR667.268.
J	Employer has not exerted any undue influence or engaged in conduct, which would constitute a conflict of interest or the appearance of a conflict of interest in order to be awarded the funds under this Agreement.
K	If Participants are to be employed on construction or repair projects, Employer agrees to comply with the Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c) as supplemented by Department of Labor regulations, 29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States."
L	As applicable Employer agrees to comply with the Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7) as supplemented by Department of Labor regulations, 29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction" which requires that wages be paid to laborers and mechanics at a rate not less than the minimum wages specified by the Secretary of Labor and that wages be paid at least once a week.

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	M	Contracts or Agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."
	N	Employer agrees to comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352).
	O	Employer certifies that they are not named on the Federal Debarment and Suspension list pursuant to Executive Orders 12549 and 1268.
	P	Employer agrees to comply with the Solid Waste Disposal Act, As amended by the Resource Conservation and Recovery Act (42 U.S.C. 6962).
	Q	Employer agrees to comply with the Trafficking Victims Protection Act of 2000 2 CFR 175.
	R	Employer agrees to comply with the Veterans Priority of Services Provision.
	S	Employer agrees to comply with the Equal Treatment of Faith Based Organizations.
	T	Employer agrees to comply with Environmental Tobacco Smoke (Part C P.L. 103 227).
	U	Beginning January 1, 2021, Employer shall comply with Florida Statutes 445.095(2) which requires private employers to use the E-verify system to verify that all new employee hires are authorized to work in the USA or Employer collects and retains the substantiating I-9 documentation on file for all new hires to determine their eligibility to work in the United States.
14. TANF Only	A	Employer agrees to comply with the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.).
15. Liability/ Indemnification	A	Employer agrees to indemnify and defend CSBD, its officers, contractor and employees from any claims, demands, costs, expenses, or cause of action, , not limited to attorney's fees, or nature arising out of any liability, error, omission, negligent act, conduct, or misconduct of Employer, its agents, servants, or employees or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting in whole or in part from the negligent performance or omission of any employee, CSBD or representative of the Employer. Notwithstanding the foregoing, nothing in this section is intended to alter or waive CSBD's entitlement to statutory or common law sovereign

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		immunity, or to extend Employer's liability beyond the limits established in section §768.28, Florida Statutes, as amended. CSBD shall indemnify, defend, and hold Employer, its agents, servants, and employees harmless from and against any claims, demands, costs, expenses, or cause of action, including, but not limited to, attorney's fees of any kind or nature arising out of any liability, error, omission, negligent act, conduct, or misconduct of Employer, its agents, servants, or employees. Notwithstanding the foregoing, nothing in this section is intended to alter or waive Employer's entitlement to statutory or common law sovereign immunity, or to extend Employer's liability beyond the limits established in section §768.28, Florida Statutes, as amended.
16. Monitoring	A	At any time during the term of this Agreement, or at any time during the record retention period following termination of this Agreement, Employer agrees to make all contracts, invoices, payroll records, personnel files, and any and all other records relating to the program, funded by this Agreement, available to CSBD or their designee. Further, Employer shall allow CSBD or their designated representatives the ability to conduct on site evaluations, interviews with participant/employees and access to participants while they are on the worksite in order to monitor, conduct audits, investigations, and monitor program performance to ensure compliance with the terms of the Agreement and amendments hereto.
17. Insurance	A	The parties to this Agreement are governmental entities per the provisions of §768.28, Florida Statutes, as amended; thus each party agrees to be liable to the limits as set forth in §768.28, Florida Statutes, for its independent acts of negligence or omissions, or that of its employees/agents while providing services on behalf of agencies of the state, which result in claims or suits against it, and agree to be liable to the limits set forth in §768.28, Florida Statutes, for any damages proximately caused by said acts or omissions. If CSBD will have access to Personally Identifiable Information (PII) and/or Protected Health Information (PHI) belonging to Employer, then CSBD shall maintain throughout the term of this Agreement, Cyber Liability insurance with the amounts of at least One Million Dollars (\$1,000,000) per occurrence. Each party maintains its own self-insurance program. Each party is self-insured up to its legal limits of liability. Nothing herein shall be construed as consent by either party to be sued by third parties in any matter arising out of any contract.

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<p>18. PROHIBITED CONTRACTS WITH ENTITIES OF FOREIGN COUNTRIES OF CONCERN</p>	<p align="center">A</p>	<p>Definition. Unless defined differently by § 287.138, Fla. Stat., as used in this Agreement, the term “Foreign Country of Concern” means the People’s Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People’s Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern.</p>
	<p align="center">B</p>	<p>Access to Personal Identifying Information Prohibited. Pursuant to § 287.138, Fla. Stat., to the extent that the Agreement might enable CSBD to access the personal identifying information of any individual CSBD certifies that: (i) the government of a Foreign Country of Concern does not own or have a controlling interest in CSBD and (ii) CSBD is neither organized under the laws of nor has its principal place of business in a Foreign Country of Concern. CSBD affirms, under penalty of perjury, that the foregoing is true in the declaration attached hereto as Attachment [X]</p>
<p>19. Documents Incorporated by Reference</p>		<p>The following documents are incorporated by reference as if fully set forth herein: The Training Plan for each participant Attachment A – State Assurances and Certifications Attachment B – Retention Policy Attachment C – Training Plan(s) Attachment D- Foreign Countries of Concern Attestation</p>

OJT Training Plan

The CareerSource Broward Business Staff will assist employer to complete the unshaded parts of the training plan

<input type="checkbox"/> New Contract <input type="checkbox"/> Existing Agreement
--

<p>This training plan is hereby incorporated and made part of agreement #:</p>			
<p>Employee Name</p>			
<p>Employer Name</p>		<p>Effective Date:</p>	
<p>Employer Contact:</p>		<p>Training Plan #:</p>	

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Title:		Phone:	
Job Title:	O*NET:	SVP:	Job Description Attached?
Is the O*NET code listed in the Targeted Occupations List (TOL) for Broward County:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Entry wage \$ / hr.	Employer paying more than \$45.00?	# of Training Hours:	
Wage Reimbursement Rate	Training payment total: (Entry wage x Training Hours x Reimbursement Rate)		
Participant hours per week (no less than 35hrs)			
Is the OJT Participant a family member of a CareerSource Broward employee?			Last 4 Digits of SS#
Will any of the proposed OJT participants be related to an owner or employee of the employer? If yes, state the relationship?			

WIOA Success Coach Section

1. Current Employment Status?	2. Worked for This Company in Past? (if yes, list prior position)
3. Type of Referral: <input type="checkbox"/> Current WIOA <input type="checkbox"/> Reverse Referral <input type="checkbox"/> Wagner Peyser	4. Does the candidate currently have skills or a work history in an occupation on the TOL? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the occupation? The nurse are new graduates and need the training and experience to be provided under this agreement in order to be able to function on the job.
5. Which Priority of Service or Barrier to Employment does this candidate meet or are they a DW?	
6. Funding: Adult <input type="checkbox"/> DW <input type="checkbox"/>	7. Is this customer currently enrolled in WIOA? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Did customer receive previous OJT: Yes <input type="checkbox"/> No <input type="checkbox"/>	9. OJT Amount: \$
10. Projected OJT Separation/End Date:	
21. Is the participant a Veteran?	

Final payment for training is at completion of 30-day retention period.

Employer Requires: _____ Years and _____ Months of Experience Employer Requires: _____
Primary Skills Required to Perform Job (Occupational Skills) Please breakdown employer's job description into brief but DETAILED skills needed to perform the job
1.
2.
3.
4.

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5.
6.
7.
8.
9.
10.
11.
12.

Secondary Skills Required to Perform Job (These are general soft skills)

1.
2.
3.
4.
5.

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22. Primary Skills Needed by Candidate	Assessment					Narrative Regarding Assessment Given	Training & Measurement Methods					Evaluation					Skills Attained?	
	1	2	3	4	5		I	O	P	D	M	1	2	3	4	5	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Skills Needed by Candidate	Assessment					Narrative Regarding Assessment Given	Training & Measurement Methods					Evaluation					Skills Attained?	
	1	2	3	4	5		I	O	P	D	M	1	2	3	4	5	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Assessment/Evaluation Scale = 1 is Unskilled – 5 is Skilled

Training & Measurement Key: I = Instruct O = Observe P = Practice D = Demonstrate M = Manuals/Tutorials

ON-THE-JOB (OJT) TRAINING AGREEMENT NO. 008-OJT-23

Attachment D

**FOREIGN COUNTRY OF CONCERN ATTESTATION
(PUR 1355)**

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Governmental Entity which would grant the entity access to an individual's Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in [Rule 60A-1.020, F.A.C.](#)

CareerSource Broward is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: CAROL HYLTON

Title: PRESIDENT/CEO

Signature: Carol Hylton

Date: 03/26/2024

SIGNATURE CERTIFICATE



REFERENCE NUMBER

8E7B3064-0931-4A16-97A6-8FCA81E2D3C6

TRANSACTION DETAILS

Reference Number
8E7B3064-0931-4A16-97A6-8FCA81E2D3C6

Transaction Type
Signature Request

Sent At
03/26/2024 17:15 EDT

Executed At
03/27/2024 08:55 EDT

Identity Method
email

Distribution Method
email

Signed Checksum
9bc2fc2969a99d6438e1ae6be06352494c8002c4e279dbaaf653924b425cb717

Signer Sequencing
Enabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
PE-2013685- CareerSource Broward- Master Agreement BH Executed 3-26-2024

Filename
PE-2013685-_CareerSource_Broward-_Master_Agreement_BH_Executed_3-26-2024.pdf

Pages
15 pages


Content Type
application/pdf

File Size
314 KB

Original Checksum
0e6f94bd935a196f863515a3bda9dd8bd5fac557a4b13a5a03319f769e559357

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Moya Brathwaite</p> <p>Email mbrathwaite@careersourcebroward.com</p> <p>Signer Sequence 2</p> <p>Components 1</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum a1f71487244a8a774fea79b2d7d0fc5492adc3e1262f1ac90d1b20a0ca4f4165</p> <p>IP Address 67.23.70.69</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 9C3131C8</p>	<p>Viewed At 03/27/2024 08:55 EDT</p> <p>Identity Authenticated At 03/27/2024 08:55 EDT</p> <p>Signed At 03/27/2024 08:55 EDT</p>
<p>Name Michell Williams</p> <p>Email mwilliams@careersourcebroward.com</p> <p>Signer Sequence 1</p> <p>Components 1</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum e433ab8ffc5b0bfe2d37776622e1d69f4ed4701d9ec1bb47b79fa9ff89c50c14</p> <p>IP Address 67.23.70.69</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID C7336630</p>	<p>Viewed At 03/27/2024 08:51 EDT</p> <p>Identity Authenticated At 03/27/2024 08:51 EDT</p> <p>Signed At 03/27/2024 08:51 EDT</p>

SIGNER	E-SIGNATURE	EVENTS
Name Carol Hylton	Status signed	Viewed At 03/26/2024 17:56 EDT
Email chylton@careersourcebroward.com	Multi-factor Digital Fingerprint Checksum f607376b567d5186ae39a496b6fb42bff71ddea44690a9c42b3730b985711717	Identity Authenticated At 03/26/2024 17:57 EDT
Signer Sequence 0	IP Address 174.212.0.177	Signed At 03/26/2024 17:57 EDT
Components 4	Device Mobile Safari via iOS	
	Typed Signature 	
	Signature Reference ID A4D89097	

AUDITS

TIMESTAMP	AUDIT
03/26/2024 17:15 EDT	Moya Brathwaite (mbrathwaite@careersourcebroward.com) created document 'PE-2013685-CareerSource_Broward-_Master_Agreement_BH_Executed_3-26-2024.pdf' on Chrome via Windows from 67.23.70.69.
03/26/2024 17:15 EDT	Carol Hylton (chylton@careersourcebroward.com) was emailed a link to sign.
03/26/2024 17:56 EDT	Carol Hylton (chylton@careersourcebroward.com) viewed the document on Mobile Safari via iOS from 174.212.0.177.
03/26/2024 17:57 EDT	Carol Hylton (chylton@careersourcebroward.com) authenticated via email on Mobile Safari via iOS from 174.212.0.177.
03/26/2024 17:57 EDT	Carol Hylton (chylton@careersourcebroward.com) signed the document on Mobile Safari via iOS from 174.212.0.177.
03/26/2024 17:57 EDT	Michell Williams (mwilliams@careersourcebroward.com) was emailed a link to sign.
03/27/2024 08:51 EDT	Michell Williams (mwilliams@careersourcebroward.com) viewed the document on Chrome via Windows from 67.23.70.69.
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