

CITY OF LA HABRA TRAINING PROVIDER AGREEMENT FOR Ready S.E.T. OC Youth Program

The City of La Habra ("City") hereby enters into this agreement with LGL College, Inc. ("Contractor") (collectively, the "Parties") for the provision of occupational training services.

WHEREAS, Contractor is qualified to provide Individual Training Account (ITA) Services; and

WHEREAS, the City desires to use **Workforce Innovation and Opportunity Act ("WIOA") Program** funds to procure these Services from Contractor.

The Parties hereby agree as follows:

1. PURPOSE

This Agreement establishes the terms and conditions under which the City will fund occupational skills training through an Individual Training Account (ITA) for eligible WIOA Title I participants enrolled in approved programs. Training must comply with WIOA Public Law 113-128, 20 CFR Part 680, 2 CFR Part 200 (Uniform Guidance), and applicable federal, state, and local workforce policies.

2. ELIGIBILITY REQUIREMENT

The Training Provider certifies that the program is listed on the Eligible Training Provider List (ETPL), if required, leads to a recognized postsecondary credential or industry-recognized certification; and is properly licensed and in good standing with all regulatory agencies.

3. TRAINING PROGRAM DETAILS

Program Name: Nurse Assistant Program

Total Clock Hours: 160 Hours

Credential Earned: Nurse Assistant Certification

Start Date: 02/09/2026

End Date: 03/31/2026

Cost Breakdown:

Tuition: \$1,800.00

Registration Fee: \$250.00

Supplies (ID, Vital Sign Supplies, BLS Card): \$160.00

Other Costs (Scrubs, Exam, Live Scan): \$280.00

Total Program Cost: \$2,300.00 each participant
Total Not to Exceed (ITA Authorization): \$2,300.00 per participant.

Total cost under Agreement for all participants: \$50,600.00

Contractor will assist with registration, teach coursework curriculum and schedule testing for all participants. All services to participants will be through Contractor's online curriculum.

Contractor will communicate any and all issues with the City's Ready SET OC Program Coordinator or Manager.

4. PAYMENT TERMS

Payments are processed and received within 30 – 45 business days after detailed invoice is submitted to the City with total number of students, registration fees, course dates and total for ITA co-hort. Invoices over \$35,000 need City Council approval and will be scheduled for an upcoming city council meeting. ITAs are fully funded by the WIOA grant.

5. ATTENDANCE & PROGRESS REPORTING

Contractor agrees to notify the City within five (5) business days of participant withdrawal, excessive absences, academic probation, or dismissal. Monthly attendance and progress reports must be provided. Credential documentation must be submitted upon completion.

6. REFUND POLICY

Contractor agrees to follow its published refund policy. If a participant withdraws, is terminated, or fails to begin training, refunds must be issued to the City within thirty (30) days of notification.

7. RECORD RETENTION

Contractor shall maintain records related to WIOA-funded participants for a minimum of three (3) years from the date of final payment or longer if required due to audit or investigation. Records must be made available to oversight entities upon request.

8. NON-DISCRIMINATION & EQUAL OPPORTUNITY

Contractor agrees to comply with WIOA Section 188, Title VI of the Civil Rights Act, ADA requirements, and all applicable equal opportunity laws. No participant shall be discriminated against based on protected status.

9. INDEPENDENT CONTRACTOR STATUS

Contractor is an independent contractor and not an employee, partner, or agent of the City.

10. TERMINATION

This Agreement may be terminated by either party with thirty (30) days written notice, immediately for non-compliance with WIOA regulations, or if funding is reduced or eliminated.

11. LIMITATION OF LIABILITY

The City is not responsible for participant conduct, provider operational liabilities, or claims arising from services delivered by Contractor. Contractor shall defend, indemnify, and hold harmless the City, its officials, employees, agents and volunteers from all claims, demands and liabilities arising out of the performance of this Agreement.

12. SIGNATURE

LGL College

618 E Whittier Blvd.

La Habra, CA 90631

Phone: (562) 237-0672

Email: Erika@lglcollege.com

Name: Erika M. McInnis Signature: 

Title: Administrator Date: March 06 2026

City of La Habra

Name: _____ Signature: _____

Title: _____ Date: _____