

COMMUNITY SERVICE AGREEMENT

(Non-Profit only)

THIS AGREEMENT is entered between CareerSource Tampa Bay and

Non-Profit Agency Name: _____ **FEID:** _____
Agency Contact Name: _____

Please check: 501(c)(3) Non-Profit Agency Charitable Organization (listed on IRS.gov)
 Government Agency Other, please explain: _____

Hereinafter referred to as the "provider."

I. The Provider Agrees:

A. To develop and provide agency work sites designed to provide Welfare Transition/Supplemental Nutrition Assistance Program(SNAP)Program participants referred by CareerSource Tampa Bay with a non-paid job training experience.

1. The provider shall not disclose the Welfare Transition/SNAPparticipants' status as a recipient of public assistance to anyone other than personnel authorized by CareerSource Tampa Bay or provider.

B. Services to be Provided

1. The provider will develop a Training Outline (Attachment I) and provide Community Service Program training to Welfare Transition/SNAP participants so as to enable them to obtain the knowledge and skills essential to an adequate level of performance of the job in accordance with the approved Training Outline.

2. Progress Reports and Notification – The provider will notify CareerSource Tampa Bay in writing of the status of Welfare Transition/SNAP participants when one or more of the following situations occur:

- a. The individual has failed to attend the initial interview, refused a suitable work site training program.
- b. The individual was not accepted for participation in the community work experience training program.
- c. The individual has experienced continued absenteeism, sickness, or other problems that may arise.
- d. The individual terminated training and either,
 - (1) secured unsubsidized employment, or
 - (2) is no longer in training.

C. Manner of Service Provision

- 1. The Training Outline must be approved by CareerSource Tampa Bay for each Welfare Transition/SNAP participant prior to placement.
- 2. The provider must provide the necessary instructions, supervision and equipment necessary to train the trainee.

3. The provider will submit the completed Community Service Attendance Sheet weekly. (Attachment II)

D. Special Provisions

1. The provider shall teach the Welfare Transition/SNAP participants the skills necessary for entry level work in the designated job title.
2. No individual may participate in the Work Experience Programs funded by CareerSource Tampa Bay unless CareerSource Tampa Bay officially refers the individual to the provider in accordance with this agreement.
3. The trainee(s) under this agreement or any amendment hereto is to be provided with the same working conditions afforded to other employees presently in the Provider's work force. Workers' compensation, but not benefits, will be provided as stated in section II. C.
4. No currently employed worker shall be displaced by a trainee. This includes partial displacement such as reduction in the hours of non-overtime work, wages or employment benefits.
5. No trainee shall be hired into or remain working in any position when the same or substantially equivalent position is vacant due to a hiring freeze or when any regular employee is on lay-off from the same or substantially equivalent position or when the regular employee has been bumped and has recall or bumping rights to that position pursuant to the provider's personnel policy or collective bargaining agreement. Work site will inform employees of the ability to file grievance if displaced.

II. CareerSource Tampa Bay Agrees:

- A. CareerSource Tampa Bay shall refer eligible Welfare Transition/SNAP participants to the provider for consideration in employment in a community service work program component.
- B. CareerSource Tampa Bay shall reward eligible participants with a child care referral, transportation assistance, and other work-related expenses as needed by the trainee to the extent funds are available, and the expense is authorized by law or regulation.
- C. The Agency for Workforce Innovation will provide State Worker's Compensation liability and/or claims coverage for all trainees who are Welfare Transition/SNAP Community Service Program participants during assigned hours.
 1. AmeriSys is the state's Workers' Compensation Provider and should be contacted using the toll free number 1-800-427-3590, in case of a work-related injury. The manager or supervisor will be asked to provide a 4-digit code to identify the program area of the injured. The location code for WT and SNAP participants is 2305.

III. The Provider and CareerSource Tampa Bay Agree:

- A. Effective Date:
This agreement shall begin on ____/____/____ or the date on which this agreement has been signed by both parties, whichever is later.
- B. Termination:
 1. Termination for convenience
 - a. This agreement may be terminated by either party upon no less than thirty (30) days notice, without cause.

C. Notice and Contacts:

1. The names and addresses of the CareerSource Tampa Bay representatives for this agreement are:
Address:

CareerSource Tampa Bay
9215 N. Florida Avenue, Suite 107
Tampa, FL 33612
Attn: Elisa Y Spry
sprye@workforcetampa.com

Telephone: (813) 930-7848

2. The name and address of the representative for the Provider responsible for the administration of the program under this agreement is:

3. In the event different representatives are designated by either party after execution of this agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this agreement.

This agreement and its attachments as referred, (Attachment I and Attachment II), contain all the terms and conditions agreed upon by these parties.

IN WITNESS THEREOF, the parties thereto have caused this _____ page agreement to be executed by their undersigned officials as duly authorized.

Non-Profit Agency Name: _____

Signature: _____

Print Name: _____

Job Title: _____

Please define the benefit to the community:

CareerSource Tampa Bay

Signature: _____

Print Name: _____

Job Title: _____



COMMUNITY SERVICEJOB DESCRIPTION/TRAINING OUTLINE

(Attachment I)

Provider Information(to be completed by the provider)

Please check: 501(c)(3) Non-Profit Agency Charitable Organization (listed on IRS.gov)
 Government Agency Other, please explain: _____

Community Service Job Title/ Position:

****If the agency has more than one Job title/position for customers to assist in, please complete additional Job description training outlines. One for each Job title/Position requested.*

Number of positions available for the Job Title above: _____

Agency Name: _____

Agency Address: _____

Agency's contact Phone Number: (____)____-____ Fax Number: (____)____-____

Representative who will be signing the time sheets weekly:

_____	_____	_____
Print name	Signature	Job Title

If additional staff will be signing, please add all names: (Please list all agency staff who will sign off on time sheets)

_____	_____	_____
Print name	Signature	Job Title

_____	_____	_____
Print name	Signature	Job Title

_____	_____	_____
Print name	Signature	Job Title

This job training outline will begin ____/____/____ and end ____/____/____.

Days open (please check): Sun___ Mon___ Tues___ Weds___ Thurs___ Fri___ Sat___

Hours open: Sun___ Mon___ Tues___ Weds___ Thurs___ Fri___ Sat___

List the job duties (or attach a job description) for the Job Title listed above:

Customer information(to be completed by a CareerSource Tampa Bay representative)

Customer Name: _____ Case #: _____

Customers start date: ____/____/____ Anticipated End date: ____/____/____

Signatures:

CareerSource Tampa Bay Representative Signature: _____

Customer's Signature: _____ Date: ____/____/____



Community Service Attendance Sheet (Attachment II)

Customer Name: _____ Last Four Digits of SSN: _____

Agency Name: _____ Job Title: _____

Customer is assigned to _____ number of hours per month. Not to exceed this amount.

This calculates into the following number of hours per week: _____

Week 1	Week 2	Week 3	Week 4	Week 5
Monday _____	Monday _____	Monday _____	Monday _____	Monday _____
Hours:	Hours:	Hours:	Hours:	Hours:

Career Counselor: _____ Phone #: (____) _____ - _____

Please fax completed time sheets to: (____) _____ - _____

*****This attendance sheet must be submitted every Monday by 5:00pm for the previous weeks hours.*****

To be completed by the Agency Supervisor:

This attendance time sheet is being completed for Monday ____/____/____ to Sunday ____/____/____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours Worked								

Customer's Progress: (Please check all that apply):

- Appropriately Dressed / Inappropriately Dressed
 Positive Attitude / Negative Attitude
 Arriving On Time / Arriving late
 Good attendance/ Excessive absences

Comments: _____

Supervisor's Name _____ Supervisor's Signature _____ Date ____/____/____ Office Phone (____) _____ - _____

CareerSource Tampa Bay is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.