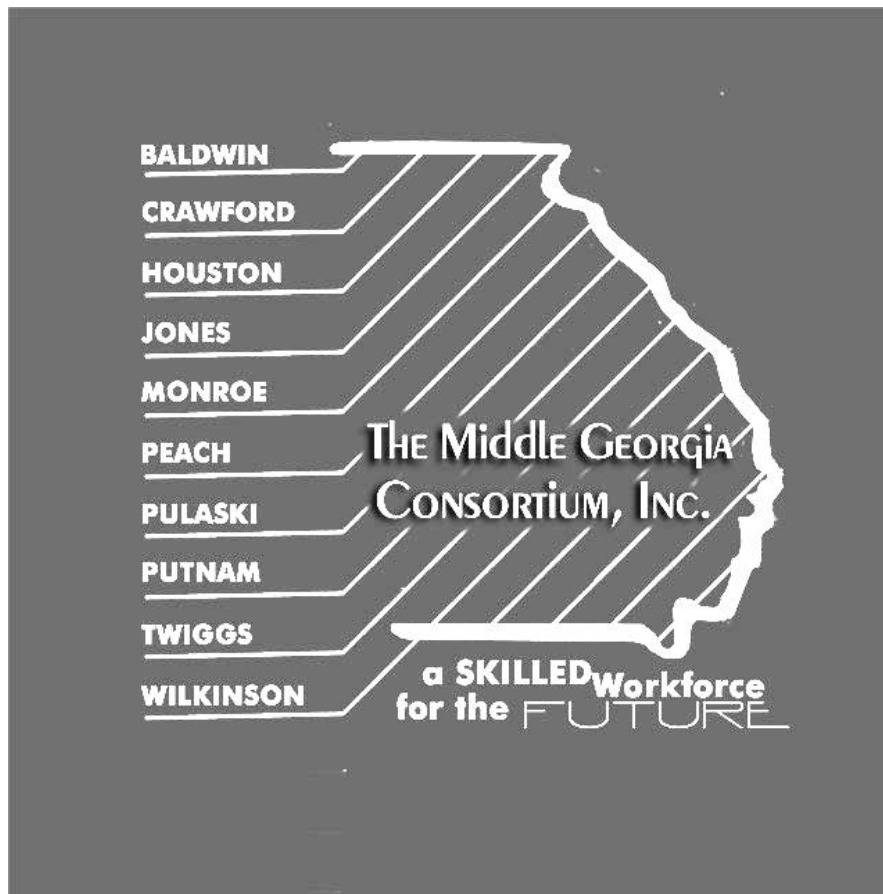


Middle Georgia Consortium, Inc.
Workforce Investment System
124 Osigian Boulevard, Suite A
Warner Robins, Georgia 31095
(478) 953-4771 ~ 800-537-1933
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Workforce Development Worksite Application

Proudly Serving Residents from the Following Counties

Baldwin ~ Crawford ~ Houston ~ Jones ~ Monroe

Peach ~ Pulaski ~ Putnam ~ Twiggs ~ Wilkinson

**NON-FINANCIAL AGREEMENT
ATTACHMENT A**

**UNSUBSIDIZED WORK EXPERIENCE PROGRAM
WORKSITE DESCRIPTION**

County: _____						
A. Worksite Name: _____ Worksite Address: _____ City/State/Zip: _____ Contact Person(s): _____ Telephone No.: _____ FAX No.: _____ E-Mail Address: _____						
B. Worksite Location (if different than above): _____ City/State/Zip Code: _____ Telephone No.: _____ FAX No.: _____ Contact Person(s): _____ E-Mail Address: _____						
C. Business Classification: (Check One: Only public or private, non-profit agencies are permitted to participate as worksites in the subsidized work-experience programs.) <table><tr><td><input type="checkbox"/> Local City/County Government</td><td><input type="checkbox"/> Public, Non-Profit</td></tr><tr><td><input type="checkbox"/> State or Federal Government</td><td><input type="checkbox"/> Faith Community Organization</td></tr><tr><td><input type="checkbox"/> Private, Non-Profit</td><td><input type="checkbox"/> Community-Based Organization</td></tr></table>	<input type="checkbox"/> Local City/County Government	<input type="checkbox"/> Public, Non-Profit	<input type="checkbox"/> State or Federal Government	<input type="checkbox"/> Faith Community Organization	<input type="checkbox"/> Private, Non-Profit	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> Local City/County Government	<input type="checkbox"/> Public, Non-Profit					
<input type="checkbox"/> State or Federal Government	<input type="checkbox"/> Faith Community Organization					
<input type="checkbox"/> Private, Non-Profit	<input type="checkbox"/> Community-Based Organization					
D. Agency Experience as a Worksite (Check One) <table><tr><td><input type="checkbox"/> New Application</td><td><input type="checkbox"/> 3-5 Years</td><td><input type="checkbox"/> 10 or More Years</td></tr><tr><td><input type="checkbox"/> 1-2 Years</td><td><input type="checkbox"/> 6-9 Years</td><td><input type="checkbox"/> Not Sure</td></tr></table>	<input type="checkbox"/> New Application	<input type="checkbox"/> 3-5 Years	<input type="checkbox"/> 10 or More Years	<input type="checkbox"/> 1-2 Years	<input type="checkbox"/> 6-9 Years	<input type="checkbox"/> Not Sure
<input type="checkbox"/> New Application	<input type="checkbox"/> 3-5 Years	<input type="checkbox"/> 10 or More Years				
<input type="checkbox"/> 1-2 Years	<input type="checkbox"/> 6-9 Years	<input type="checkbox"/> Not Sure				
E. Mission Statement: (Briefly describe the purpose and function of your agency and the community benefits that are to be derived from your agency's participation as a Worksite.) _____ _____ _____ _____						

C. Permanent Job Opportunities: Indicate the likelihood of permanent unsubsidized (full-time or part-time, seasonal or as needed) employment of those participants who successfully obtain the goals listed above and sufficiently perform the duties of the position.

D. Worksite Environment/Accessibility: Briefly describe the environment in which the WIA participant will be assigned to work. Indicate your agency's accessibility to main roads or public transportation, accommodations for disabled persons, etc. Include any activities which are prohibited.

E. Funding Source(s): Please indicate the sources of funds received to operate your agency and tell us whether or not you are likely to have funds available to coordinate the provision of services to WIA-eligible participants in your community. Include any "in-kind" services which your agency may be willing to provide.

F. As the Worksite Supervisor, I agree to:

- Provide meaningful duties, for participants to perform.
- Provide adequate supervision for the entire duration of the participant's participation.
- Submit bi-weekly time and attendance records and participant evaluations for each participant assigned to the worksite in accordance with the Consortium's payroll policies and procedures.
- Collect 6-week and quarterly grades from the participants assigned to the worksite.
- Report any violations of the program participation requirements to the Consortium as soon as I become aware of them.
- Assist the Consortium's case management staff in identifying resources within the community which will adequately address the ten program elements required for the participant services to be funded under the Workforce Investment Act (WIA).
- Ensure that participants assigned to the worksite, who are required to attend basic skill remedial activities are attending as scheduled.
- Assist the Consortium's case management staff in arranging transportation or other support services which may be necessary for participants to successfully participate in the work experience or basic skills enhancement components of the this program.

_____/_____
Worksite Supervisor's Signature Date

_____/_____
Alternate Worksite Supervisor's Signature Date