

## Training Provider Documentation

Per Policy #WIA-45-2/08 a training plan is developed through negotiations with a suitable training provider as defined by the employer and the WRT Regional Fiscal Agent as documented below.

Please complete the following information and submit this form to the WRT Regional Fiscal Agent.

### CONTACT INFORMATION (Person to contact if there are questions on this documentation)

Today's Date:	2.25.08
Name:	
Phone:	
Email Address:	

### TRAINING PROVIDER

Vendor Name:	
Vendor Contact:	
Address:	
Phone and Email Address:	

### GOODS/SERVICES INFORMATION

<p><b>NEEDS STATEMENT</b></p> <p><i>Describe in detail the training plan and how it meets your needs.</i></p>	
<p><b>REQUIREMENTS</b></p> <p><i>Provide a brief technical explanation as to what qualifications are essential and <u>unique</u> to this training provider.</i></p>	
<p><b>PRICE REASONABLENESS</b></p> <p><i>What information do you have that can help validate price reasonableness?</i></p>	

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### CONFLICT OF INTEREST STATEMENT

*Is there a real or potential conflict of interest in acquiring this service from the identified training provider? i.e. Does a real or potential financial gain exist for yourself, or for any member of the household, or any business with which you or a member of the household are associated.*

( ) No      ( ) Yes      *If yes, please describe.*

### CERTIFICATION

*By signing below, you certify that the information submitted on this form is accurate and complete and to the best of your knowledge it is not possible to obtain competition.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### WRT FISCAL AGENT

Based upon this review, the training provider is confirmed:

Appropriate

Not Appropriate

Reviewer's Name: \_\_\_\_\_

Reviewer's Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_