

COLORADO EMPLOYMENT FIRST WORKFARE PROGRAM AGREEMENT

This Non-Financial Agreement is hereby made between the _____ County Workfare Program and _____, hereinafter referred to as the SPONSOR. The purpose of this Agreement is to provide close and continuing cooperation between Workfare and the Sponsor regarding assignment of participants to specific worksites. To this end, the following cooperative arrangements are agreed to:

WORKFARE COUNTY PROGRAM AGREES:

1. To refer participants who are competent and capable of performing within the Sponsor's job description.
2. The maximum number of mandatory hours of participation will be no greater than the family's FA grant divided by the State minimum wage.
3. To assure necessary and reasonable transportation and related work expenses are provided, to the extent allowed under current Federal law.
4. To provide timely notification to the Participant and the Sponsor of the required number of hours of participation.
5. To furnish attendance and performance evaluation sheets which the Sponsor and Participant will jointly complete.
6. To maintain communication with the Sponsor concerning Participant's progress.

SPONSOR AGREES:

1. To provide work assignments which will enable participants to learn vocational skills and gain work experience.
2. Not to replace regular full-time or part-time employees or fill vacancies with unpaid Workfare participants.
3. Not to create assignments resulting from labor dispute.
4. To furnish all equipment and materials reasonably necessary to accomplish assignment.
5. To accept only the number of participants who can be supervised effectively.
6. To assure adequate training when the job requires the use of equipment and/or procedures unfamiliar to the participant.
7. To submit monthly attendance/evaluation sheets for each participant certifying the days and number of actual hours spent at the worksite. These reports will be forwarded to the Workfare County Program no later than three (3) days after the report period.
8. To provide the participant time off to report for employment interviews.
9. To treat all participants in the same manner and under the same rules as employees of the Sponsor relative to such issues as hours of work, (maximum of 8 hours per day), safety and job performance and inform each participant of these rules at the time of initial placement.
10. To assure that participant assignments will be free of any direct or indirect racial, ethnic, sexual or religious discrimination.
11. That a participant whose conduct becomes excessively disruptive, or who consistently violates Workfare rules and regulations, will immediately be reported to the Workfare County Program.
12. To respect the participant's rights to confidentiality.

WORKERS' COMPENSATION INSURANCE COVERAGE PROVIDED BY: <input type="checkbox"/> SPONSOR <input type="checkbox"/> COUNTY DEPARTMENT	
_____ NAME OF INSURANCE COMPANY OR CARRIER	_____ DESIGNATED MEDICAL FACILITY
ADDRESS: _____	

Number of participants that the Sponsor can properly utilize _____

Types of jobs available with Sponsor for participants (Attach additional sheet if necessary)

Job Title: _____

Job Description: _____

Job Title: _____

Job Description: _____

If a participant demonstrates ability and desire, is there a possibility of employment with the Sponsor? _____

Sponsor Name: _____ Address: _____ _____ Contact Person: _____ Telephone: () _____ Email: _____ Website: _____ Sponsor Signature: _____	Workfare County Name: _____ Address: _____ _____ Telephone: () _____ Email: _____ Workfare County Signature: _____
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The effective date of this agreement is _____