A. The Parties

The following agencies have entered into a formal, written agreement to cooperatively provide employment support to Quileute and other enrolled native families to the best of each program’s ability:

Quileute Tribal TANF
(Your Program here)

B. The Purpose

The parties enter into this agreement to formalize their mutual cooperation in providing TANF clients with supportive and productive Work Experience (WEX) positions. This agreement allows our agencies to enhance existing vocational and educational training programs, coordinate client services, empower and motivate clients to obtain and keep successful job positions and promote positive and effective service delivery to all eligible families living in the Quileute TANF service area.

C. Roles and Responsibilities

This agreement formally specifies, but does not limit, the roles and responsibilities that each entity will provide.

Quileute TANF will:

1. Provide eligible TANF clients with the opportunity to create a successful WEX position, as available.
2. Coordinate with the site supervisor and manager as necessary to document client progress and review and update WEX contracts and job descriptions as necessary.
3. Collect client timecards and time studies for review.
4. Issue WEX paychecks according to the Quileute Payroll.
5. Work with Personnel and Employer to assist client in meeting all requirements and guidelines.

(Your Program here) will:

1. Provide the Quileute TANF Program with training descriptions and schedules as available.
2. Provide client with work experience and opportunities to learn a skill or trade that will assist them with their long term employment goals.
3. Provide Quileute TANF Case Manager with monthly progress evaluations.
4. Sign client time sheets and time studies so they can turn them into the Quileute TANF office according to the Quileute payroll schedule.
5. Participate in necessary reviews and revisions of WEX contracts and job descriptions.
This agreement will remain in effect for one year from the date of signatures, or until revisions are deemed necessary by either party.

Nicole Earls, TANF Coordinator ________________________

(Your name, Supervisor) ________________________
(Your Program here) ________________________

Date

Date