



# WIOA Worksite Terms and Conditions

## WIOA Worksite Agreement

Agreement Number: \_\_\_\_\_ Modification Dates: #1: \_\_\_\_\_ #2: \_\_\_\_\_

### §1.9.1 Modification #2

#### Worksite

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative:

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

#### WIOA Grantee and/or Service Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative:

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Term of Agreement

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

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

#### Description of Modification #2

#### Modification #2 Certification and Approval

The signatures below constitute understanding and agreement of the terms set forth in this document.

\_\_\_\_\_  
Signature of Worksite Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of WIOA Grantee/Service Provider Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date