



St. Petersburg Housing Authority Section 3 Program Training Request Form - Business

Legal Business Name _____ Tax ID# _____

DBA Business Name _____

Address _____

Phone# _____

Field of Work _____

Contact Representative's Name _____

Training Program Name (Please attach proposal) _____

Duration of Program _____

Start Date _____

End Date _____

Skills to be Taught _____

Certificate Available for Tenant at End of Training Program Yes ___ No ___

Pay Available for Tenant During Training Program Yes ___ No ___

Total Cost of Training Program _____

Commitment to Training

I hereby agree to train residents who have enrolled in my training program, including all materials outlined in my attached proposal.

I understand that I will be paid for services rendered according to an agreed payment schedule, within 30 calendar days of the date on any invoice for services rendered on behalf of the Housing Authority. Should I fail to provide training per the terms of my proposal within the established duration of the program, I hereby agree to reimburse the Housing Authority for any funds surrendered for unmet services within 14 calendar days of the last scheduled training.

Authorized Representative's Signature _____ Date _____