



**ACKNOWLEDGMENT OF POLICIES AND PROCEDURES
GOVERNING THE APPLICATION AND REIMBURSEMENT PROCESS FOR ACCESSING
APPRENTICESHIP ASSISTANCE ACT MONEY**

By my signature below, I acknowledge having attended the mandatory training workshop as presented by the Public Education Department and the Apprenticeship and Training Advisory Committee.

I acknowledge that I have received, read, and understood the handouts and all policies and procedures discussed in those handouts and that I understand all of the terms and conditions, including those stated above, for participation in this application process for Apprenticeship Assistance Act funding.

Further, I understand that any non-compliance with the established rules and regulations shall result in loss of funding under the Act. This may include, but not be limited to, the refunding of any monies already received.

I understand the above and agree to abide by these and other policies and procedures as established by the Public Education Department and the Apprenticeship and Training Advisory Committee.

I understand and agree that it is my responsibility to contact the Public Education Department and/or the Chair of the Apprenticeship and Training Advisory Committee for clarification on any of the established rules, regulations and timelines governing this funding source.

Signed and acknowledged on this _____ day of _____, 20 _____

By:

Print name of certifying official

Title

Signature of certifying official

Phone Number

Entity: _____