



On-the-Job Training Grant Contract

Program Start: **September 1, 2025**

Program End Date: **August 31, 2026**

Population Served: **Adult, Business**

Agency: **Dept. of Labor**

Source Of Funding: **State**

Contract#: _____

Employer: _____

Contact Name: _____

Address: _____

City: _____

State: **NY**

Zip: _____

1. This contract shall take effect on _____ and terminate on _____.
2. The employer shall employ and conduct all the On-the-Job Training services for the specified trainee(s), during the period indicated above, and shall furnish the materials, books, tools, and equipment when specified in this contract, for the total fixed price as identified. Payment will be made by the employer to the appropriate designated trainer(s) for services received and approved.
3. Your business will be responsible for providing the trainee(s) with a copy of the training outline and maintaining required records of the trainee's On-the-Job Training progress.
4. All costs contained in this contract represent only those costs which are on the approved training plan.
5. The employer agrees to maintain all financial, attendance, and miscellaneous records related to the On-the-Job Training contract for a minimum of seven (7) years following the final contract payment. Should an audit initiated by New York State (NYS) or other regulatory agency remain unresolved or incomplete after the mandated retention period, the employer will retain records until the audit findings are resolved. If an audit identifies inadequate or inaccurate payroll records, the Amherst Chamber of Commerce reserves the right to recoup any overpaid amounts or financial discrepancies found during the audit process.

Funding for this On-the-Job Training is provided through a grant from NYS Department of Labor. IN WITNESS WHEREOF, the parties hereto have executed this contract:

Amherst Chamber of Commerce

Employer Name: _____

Signed: _____

Signed: _____

Title: _____

Title: _____

Date: _____

Date: _____

Part A

Business Name: _____

Tax ID#: _____

☐ Corporation ☐ Partnership ☐ Not-for-Profit

Authorized Representative: _____

Title: _____

Business Address: _____

Business City: _____

State: **NY** Zip: _____

Business Phone: _____

Industry: (Give NAICS code if known): _____

Part B

of Trained Employees: _____

Names of Trained Employees	Date of Hire	Title	Last 4 SSN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Name of Contact for Grant & Training Plan Implementation: _____

Training Plan Description: _____

Agree to supply detailed Training Plan or Program under separate file: ☐ Yes

Agree to supply detailed payroll records for each trainee supporting approved training guidelines: ☐ Yes

Agree to site visit, if requested: ☐ Yes

Agree to supply 6-month follow-up retention & survey form: ☐ Yes

Agree to keep all records pertaining to the grant for 7 years: ☐ Yes

By signing this contract, the employer agrees to provide all necessary documentation for grant consideration, application and reimbursement. The employer also understands that the grant is a reimbursement grant for On-the-Job Training upon completion of the approved training and furthermore agrees to continue employment of the employee(s) with a 6-month retention survey supporting that employment.

Employer Signed: _____

Date: _____

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