



**CUSTOMIZED TRAINING AGREEMENT
BETWEEN
Oglesby Plants International, Inc (Employer)
AND
CareerSource Chipola (csc)**

IT IS THE RESPONSIBILITY OF BOTH THE CSC STAFF MEMBER AND THE EMPLOYER TO REVIEW EACH ITEM LISTED IN THIS AGREEMENT.

■ PART 1. EMPLOYER INFORMATION:

EMPLOYER NAME: OGLESBY PLANTS INTERNATIONAL, INC		
STREET ADDRESS: 15168 NW OGLESBY ROAD		
CITY: ALTHA	ZIP: 32421	COUNTY: CALHOUN
PHONE: (850) 762-3296		FAX:
EMPLOYER CONTACT PERSON TITLE:		EMPLOYER EMAIL ADDRESS: GHENNEN@OGLESBYTC.COM
COMPANY RATE OF REIMBURSEMENT: 50% OF THE ALLOWABLE COSTS.		NUMBER OF TRAINEES/PARTICIPANTS TO BE TRAINED IN THIS AGREEMENT: 5 dw
		EMPLOYER REIMBURSEMENT NOT TO EXCEED: \$

■ PART 2. TRAINING SUMMARY:

TYPE OF TRAINING 1:

- **Training Provider #1: QCOM Controls**
- **Address: 42065 Zevo Drive, Unit B-1 Temecula CA, 92590**
- **Federal Identification Number:**
- **Phone #: (951) 296-3340**
- **Rate(s) of Pay for those being trained: See Trainee Wage List or Trainee Paperwork**
- **Description of Training Program: See Attachment**
- **Number of Individuals to be trained: 3 dw**
- **Will Trainee/s Be Hired Before Training? Yes (already on board)**
- **Program Starting Date: April 1, 2025 Program Ending Date: April 30, 2025**
- **Length of Course: 10 hours**
- **CSC Cost of Course: \$1250.00**

An equal opportunity Worksite Provider/program. Auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TTD equipment use Florida Relay Service

Employer In-Kind Contributions: List and Attach.
(All costs must be substantiated by calculations or determination of reasonableness)

Employer Training Contribution: \$840.00

Training Equipment Purchase (itemize): \$ N/A

Travel: N/A

In-Kind Trainee Wages: \$ (can be used as in-kind)

Miscellaneous:

Facility usage (must be itemized): \$
Ex: Bldg Size – Square Footage, etc.
Number of hours used
Hourly/Daily Cost of Equipment use/rental
Cost of Energy Used (per hour, per day)

• **Training Provider #2:**

Type of Training: TTA USA

- **Address: 918 Verville Rd McMinnville, TN 37110**
- **Federal Identification Number: 20-5972732**
- **Phone #: (931) 668-2518**
- **Rate(s) of Pay for those being trained: See Trainee Wage List/Trainee Paperwork**
- **Description of Training Program: See Attachment**
- **Number of Individuals to be trained: 3**
- **Will Trainee/s Be Hired Before Training? Yes, already on board**
- **Program Starting Date: April 1, 2025 Program Ending Date: April 4, 2025**
- **Length of Course: 16 hours**
- **CSC Cost of Course: \$5414.38**
- **Employer In-Kind Contributions: List and Attach.**
- **(All costs must be substantiated by calculations or determination of reasonableness)**

Training Equipment Purchase (itemize): N/A

Travel: N/A

Trainee Wages: \$ 864.00 (can be used as in-kind)

Facility usage: \$ (in-kind)
Ex: Bldg Size – Square Footage, etc.
Number of hours used
Hourly/Daily Cost of Equipment use/rental
Cost of Energy Used (per hour, per day)

- Location of Training: Oglesby Plants International, Inc.
- Employer will allow the CareerSource Chipola System to refer qualified job candidates to fill any vacancies realized through the advancement of those trained and not filled internally.
- The training request will increase the competitiveness of the Employee and the Employer.
- The training will result in job retention.
- The training request relates to the introduction of new technologies; changing industry requirements; introduction to new product lines, production, or service procedures; or upgrading to new jobs that require additional skills.
- Employer understands CareerSource Chipola funding assistance cannot be used to directly or indirectly assist, promote, or deter union organizing.
- Employer understands CareerSource Chipola funding assistance cannot be used to directly or indirectly aid in the filling of a job opening which is vacant because the former occupant is on strike or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving work stoppage.
- Employer must meet the Fair Labor Standards Act requirements for an Employee-Employer Relationship (Must meet Florida Minimum Wage Standard).
- Employer will provide a copy of the I-9 form or E-Verify for all trainees. Providing documentation proof is a WIOA Eligibility Requirement.
- Employer agrees to submit a copy of the skills attainment certificate.
- Employer agrees to provide CareerSource Chipola with training provider invoice and proof of payment to the training provider for services rendered (i.e., copy of cancelled check, bank/credit card statement, etc.). (the portion not paid by CSC can be used as "in-kind" for the employer).

- **Reimbursement Guidelines**

1. Employer must maintain payroll records that document the days and hours of training for each participant for use as "in-kind" documentation.
2. Employer must submit CSC Invoice and all supporting documentation for which they are requesting reimbursement **MONTHLY**. If employer fails to submit timely invoices for payment (with supporting documentation), this Agreement may be voided.
3. Payments are generally made within 30 days of receiving a correct invoice and all required back-up documentation.
4. **Acceptable documents required by finance:**
 - a. Customized Training Invoice Form
 - b. W-9 (Request for Taxpayer Identification Number and Certification)
 - c. Customized Training Agreement (if modification, include that as well)
 - d. Customized Training Description (if modification, include that as well)
 - e. Contractor Disclosure and Certification Form
 - f. Monthly Timesheets (must match employer payroll documentation)
 - g. Payroll Documentation from Employer
 - h. Employment Verification Form (at the conclusion of training)
 - i. Case Note (a copy of)

Note: Reimbursement will not be made if the required documentation is not submitted.

5. In no event shall total payments exceed the Training Agreement amount nor shall the total reimbursement 50 percent of the allowable costs.

6. Invoices and supporting documentation must be submitted to:

CareerSource Chipola
 ATTN: Success Coach
 4636 Hwy. 90, Suite E
 Marianna, FL 32446

■ PART 3. BUDGET

THE BUDGET INFORMATION FOR THIS TRAINING AGREEMENT WILL BE THE SAME INFORMATION AS WAS SUBMITTED WITH THE CUSTOMIZED TRAINING APPLICATION.

NOTE: (IF ANY) _____

Budget Category	CSC Contribution	Employer Contribution	Employer In-Kind	Total Program Cost
GEMLink Training Tuition	\$625.00	\$625.00		\$1,250.00
TTA USA, LLC Training Tuition	\$2,707.19	\$2,707.19		\$5,414.38
Trainee Wages			\$840.00 - GEM Link \$864.00 - TTA USA LLC	\$
		\$	\$	\$
Total Costs	\$3,332.19	\$3,332.19	\$1,704.00	\$8,368.38

Total Reimbursement to Employer		\$3,332.19	
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Number to be Served			
Cost Per Served			\$
Seeking Reimbursement for Cost of the Training Only			\$

In Witness thereof, the parties hereto have made and executed this document.

As to Employer:

By: Gary Hennen President Date: 3-27-25
Title/Name of Company
Oglesby Plants International

As to CareerSource Chipola:

By: [Signature] Date: 3/31/25
Executive Director

TRAINING INFORMATION/JOB DESCRIPTION

Note: A separate Training Outline/Job Description Must be Completed if Multiple Types of Positions Needed for Customized Training.

EMPLOYER NAME/TITLE: OGLESBY PLANTS INTERNATIONAL, INC		
MAILING/TRAINING ADDRESS: 15168 NW OGLESBY ROAD		
CITY/STATE: ALTHA, FL.	ZIP: 32421	COUNTY: CALHOUN
PHONE: (850) 762-3296	FAX:	EMAIL: GHENNEN@OGLESBYTC.COM
EMPLOYER SUPERVISOR'S NAME (IF DIFFERENT FROM CONTACT):		
TOTAL NUMBER OF POSITIONS FOR THIS JOB TITLE: ASSISTANT GROWER	HOURS PER WEEK: 40	HOURLY RATE: \$15 TO \$21
OCCUPATIONAL TITLE: ASSISTANT GROWER	ASSISTANT GROWER	O*NET CODE: 45-2092.00
TRAINEE/PARTICIPANT JOB TITLE: ASSISTANT GROWER	SHIFT WORK HOURS: 40	DAYS OF WORK (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> TH <input checked="" type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SU
JOB DESCRIPTION (EMPLOYER MAY ATTACH COPY OF THIS DOCUMENT): PLEASE SEE ATTACHED JOB DESCRIPTION SEE INFORMATION INCLUDED		
BENEFITS: PTO, MEDICAL, PAID HOLIDAYS (NEW YEARS DAY, MEMORIAL DAY, JULY 4TH, THANKSGIVING DAY, AND CHRISTMAS DAY)		
SKILLS TRAINEE/PARTICIPANT WILL LEARN: SEE TRAINING OUTLINE		



CUSTOMIZED TRAINING

TRAINING AGREEMENT MODIFICATION

Effective Date: 04/10/2025 Agreement Number: 1 Modification Number: 1

Employer's Name and Address:

Oglesby Plants International, Inc
15168 NW Oglesby Rd
Altha, FL. 32421

Issued by:

CSC Chipley _____
CSC Marianna ✓

Participant's Name: Jonathan Seger and JoAnn Potts

Changes herein have the following effect on funds:

N/A

In consideration of the agreements and representations contained herein, the above modification is needed due to the following action as has been shown:

Completion date for the QCOM Training is projected June 1, 2025 due to the trainers schedule conflict.
The QCOM training was schedule to begin on April 11, 2025.

[Signature]
Success Coach Signature
[Signature]
Employer Signature

04/11/2025
Date
4/11/2025
Date