



## 2026-27 Job Skills Program Assurances

The educational institution must attach a completed, signed copy of this document to its 2026-27 Job Skills Program application in the Online Grant Management System ([OGMS](#)).

**By the signatures below, we acknowledge that we have been actively involved in developing this Job Skills Program project, will adhere to the terms and policies of the Job Skills Program (JSP), and will work with the educational institution to ensure the quality of this project. Please check when completed:**

- The educational institution has provided the business with a copy of the 2026-27 JSP Program and Fiscal Guidelines;
- The undersigned business representative or designee has reviewed, at a minimum, the section of the Program Guidelines entitled, **Roles and Responsibilities of Participants: Business Partner** and the section of the Fiscal Guidelines entitled, **Matching Funds Requirement**.

**By completing the Job Skills Program application and providing signatures on this form to be held by the educational institution, the company makes the following commitments and assurances relative to the proposed JSP training project:**

- The company is committed to the project start and completion dates.
- The company will provide broad access to job openings related to this grant project to hire a diverse workforce.
- The company will participate in the training project described in the application.
- The company will assist with the collection of the trainee's social security numbers to perform research regarding wage progression rates and other aggregate employment data should the educational institution require assistance.
- The company will match the training grant dollar-for-dollar (or amount equal to trainees' salary and benefits while in training, if exempt from the dollar-for-dollar match) with cash or in-kind goods/services.
- The company will provide the educational institution with the documentation needed to verify the match.

Company Name \_\_\_\_\_

Signature of President/CEO or designee: \_\_\_\_\_ Date \_\_\_\_\_

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

Educational Institution Name \_\_\_\_\_

Signature of President/CEO or designee: \_\_\_\_\_ Date \_\_\_\_\_

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

Collective Bargaining Agent Name (if applicable) \_\_\_\_\_

Signature of President/CEO or designee: \_\_\_\_\_ Date \_\_\_\_\_

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