

## COMMUNITY COLLEGE SYSTEM OF NH TRAINING WAIVER

This certifies that the Director of Workforce Solutions of the Community College System of New Hampshire (or Designee) has met or contacted the named applicant to review training needs prior to submitting a Job Training Fund application.

The applicant understands that so long as it is feasible, training shall be provided by the community college system, which may charge full market value for the training provided.

When the community college system cannot provide the desired training, the training grant applicant will be free to contract with some other training entity. The training provider shall be specified, and shall provide a written training quote describing cost and scope of training for the grant application.

---

**Applicant (Company Name)**

---

---

---

---

**Desired training courses waived by the College**

*I certify that the above applicant has reviewed their desired training with me, and that the Community College System of New Hampshire (CCSNH) waives its option to provide training for the courses named above.*

---

**Signature of Director of Workforce Solutions or Designee**

**Date**

---

**CCSNH College Name**