

## Rock Solid Foundations Trainer Contract

As a result of participating in the Rock Solid Foundations: Promoting the Social Emotional Competence of Children train the trainer workshop, I agree to:

- Conduct at least two childcare provider trainings with a focus of including providers serving off installation military families.
- Conduct these childcare provider trainings within 18 months of today’s date.
- Present materials as written without modifications.
- Train in targeted areas identified by the project.
- Work with the MCCL and the CYTTAP Extension Educator to ensure program goals are met.
- Use the CYTTAP registration web site at <http://extension.psu.edu/cyttap> to have participants register.
- Charge a registration fee of \$10 per participant.
- Invoice UNL at \$10 per participant to cover costs of offering the workshop.
- **NOT** use materials provided by this project to generate funds after project ends.

Timeline for Childcare Provider Training	Deliverable	Process
Within 18 months of date trained.	<ul style="list-style-type: none"> <li>• Schedule two face to face trainings.</li> </ul>	<ul style="list-style-type: none"> <li>• Train providers using training materials provided.</li> <li>• Follow this process for each provider training offered.</li> </ul>
6 weeks prior to provider training	<ul style="list-style-type: none"> <li>• Workshop Information Form (WIF)</li> </ul>	<ul style="list-style-type: none"> <li>• Contact state’s CYTTAP Extension Educator with WIF information.</li> <li>• Market training using materials provided.</li> <li>• Have participants register on the <a href="http://extension.psu.edu/cyttap">http://extension.psu.edu/cyttap</a></li> <li>• Prepare for workshop using training materials as provided.</li> </ul>
Post- workshop	<ul style="list-style-type: none"> <li>• List of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Validate attendance and mail list to CYTTAP Extension Educator.</li> <li>• Invoice UNL for number participating.</li> </ul>

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(Signature)

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(Address)

\_\_\_\_\_  
(Date)

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(Address)

\_\_\_\_\_  
(Print Name)

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Evidence of noncompliance may be reported through your local Extension office.

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