



## Workforce Development

### BUSINESS AND INDUSTRY MEMORANDUM OF AGREEMENT

This Agreement is made between the Community College of Allegheny County (hereinafter "College") and City of Pittsburgh for the purpose of providing custom designed educational training to a specific group of trainees/participants identified by the Company/Agency.

#### Logistics

##### Description of Training

This five day series will provide participants the knowledge, skills and ability to conduct lead based paint inspections and to assess properties for lead based paint hazards. Inspection training will allow the identification of the presence of lead in housing to protect children and focuses on the presence of lead in paint, dust and soil. Assessment portion of training will impart upon trainees the ability to determine the existence, nature and severity of lead based paint hazards in housing through an on site investigation and preferable means of correcting any hazards identified.

Solution Start Date 3/9/2026

Solution End Date 3/13/2026

Number of Students Up to 5

Solution Total Hours 40.00

##### Investment in Training

\$8,750 for up to 5 individuals.

##### Course Details

Lead Abatement Risk Inspector & Assessor (XGH-407-5001)

Instructor(s): Zilka, John;

Location: CCAC West Hills Center (WHC)

Schedule: March 9 - March 13, 2026; Monday - Friday, 8:00AM to 4:30PM

##### Meeting Information

March 9 - March 13, 2026

Monday - Friday, 8:00AM to 4:30PM

##### Certificate(s) to be Provided

Yes

##### Certificate Details

Provided by instructor

##### Materials, Handouts & Tools Required

instructor provided

#### CCAC

##### Responsibilities

Facilitation, instruction, certification through exam (Inspector, Risk Assessor)

#### Client

##### Responsibilities

Identify individuals to be trained and provide logistics (up to 5).

Payment Due Date\* (To be invoiced by CCAC) 30 days from the class start date

*\*It is fully understood that payment is due on this day, regardless of whether training has actually been completed by this date.*

Copies to: Company/Agency - Accounting



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#### Company/Agency Information:

Bill To Name	City of Pittsburgh	Phone	4123285582
Bill To	414 Grant Street	Email	wiliam.sperry@pittsburghpa.gov
	Pittsburgh, Pennsylvania 15219		
	United States		
Contact Name	William Sperry		

#### College B & I Contact Information

Prepared By	Reginald Overton	Phone	(412) 788-7536
Fax	(412) 788-2194	Email	<a href="mailto:roverton@ccac.edu">roverton@ccac.edu</a>
Address	1000 McKee Rd.	Reviewed by (Initials / B & I Director):	
	Oakdale, PA 15071		

#### Terms

- College rules and regulations applicable to CCAC students will apply to all trainees/participants who register for classes under the auspices of this agreement.
- Information protected under the Student Privacy Act will not be released to the Company/Agency unless the trainee/participant authorizes the release in writing.
- The Company/Agency may cancel this agreement without incurring the full "Investment in Training" if written cancellation notice is received by the College five working days or more prior to the "Start Date of Training". However, the Company/Agency will be liable for non-refundable expenses incurred by the College through the date of cancellation.
- The College reserves the right to cancel this agreement at any time.
- The College makes no expressed or implied warranties whatsoever regarding the results achieved from the subject training to Company/Agency or the trainees/participants.
- The Company/Agency and the College both certify that they provide applicable statutory Workers Compensation Insurance for all persons employed by the Company/Agency and the College respectively.
- This agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.
- This agreement must be signed and returned to the College before training can be implemented. By signing this Agreement, Company/Agency furthermore gives permission for the College to include the Company/Agency on its representative list of clients.
- With both signatures, this document shall serve as the entire agreement between both parties.

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Company/Agency Signature	Printed Name	Title	Date
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College Signature	Printed Name	Title**	Date
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\*\*Requires the signature of the Workforce Development Division Account Executive/Program Manager or other Workforce Development Division Authorizing Agent