

# Mechanic Agreement

## WHAT

The Western Wisconsin Workforce Development Board (“WDB”) receives funding from the State of Wisconsin to remove barriers to qualifying individual’s training, schooling and employment. These are guaranteed funds. Vehicle repairs are our #1 service needed.

In the past two years we have spent more than \$350,000 with area mechanics.

We are looking to diversify the mechanics we work with to ensure our participants have options.

## REQUIREMENTS TO BE A RECOMMENDED MECHANIC:

- **WE APPROVE ESTIMATES PRIOR TO WORK BEGINNING:** We will pay for work needed to make vehicles safe and reliable for traveling to training/education or work. An estimate of needed work will be provided to our case manager / career planners to approve before work can be performed.
  - a) The estimate needs information to assess what is a critical need (ex. tread on existing tires).
  - b) We prioritize safety including low tire tread, brakes, transmissions, HVAC systems, window functionality, etc.
  - c) We will not approve cosmetic repairs, cleaning, or other nonessential work
- **WE HAVE A MAXIMUM COST OF \$5,000. COSTS BEYOND ESTIMATES NEED APPROVAL:** If additional work is needed after an estimate is approved, the Case Manager/Career Planner needs to approve the additional costs.
- **NO ADDITIONAL WORK OR SUBSTITUTIONS BY VEHICLE OWNERS:** Additional work performed at the request of the owner must be scheduled separately and paid for by the owner. The owners may not substitute parts to save money or be paid cash for savings.
- **ONE WEEK REPAIR TIME:** These vehicles are often in need of urgent repairs to ensure the individual can stay in school or employed. We ask you to prioritize these repairs if possible.

## PAYMENT

Upon approval of the estimate, the WDB Case Manager will submit the estimate for payment. By providing your email, you will be asked if you want to receive electronic payment (3-5 days faster). By default, we pay by check, which can take up to 10 days for you to receive.

## AGREEMENT

I understand and agree to these terms.

\_\_\_\_\_  
Authorized Signer  
Printed Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address & Email: \_\_\_\_\_  
\_\_\_\_\_

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