**G-030 non-credit classes up to $50,000 revenue**

MEMORANDUM OF UNDERSTANDING (“MOU”)

FOR

NON-CREDIT INSTRUCTION

This MOU serves as authorization for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“ Institution”) to provide and bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Company”) for the following:

Program Title:

Description:

Instructor(s):

Date(s) and Time:

Location:

Number of Participants: Minimum of \_\_\_\_ and maximum of \_\_\_\_participants

Program Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Institution or Company, select one] will provide all instructional materials. A record of CEUs earned will be maintained by Institution. For training that involves CEU credit, a transcript of record may be obtained by contacting Institution.

Company agrees that Institution is the sole owner of all instructional materials to be used or developed for the Program. Company is not permitted to video/audio tape the instruction or copy written materials unless otherwise agreed in writing by Institution.

Company agrees to make payment for services rendered within 30 days of receipt of an invoice. Payments not received within thirty days of receipt of invoice will be delinquent and subject to collection in accordance with TBR and Institution policies and guidelines, including referral to a collection agency. Company agrees to pay all collection costs incurred by Institution.

Institution and Company agree that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this MOU or in the employment practices of Institution or Company on the grounds of disability, age, race, color, religion, sex, national origin, veteran status or any other classification protected by applicable federal or Tennessee law. Institution and Company shall comply with all applicable federal and Tennessee law.

Company will provide Institution advance notice of any special accommodations required by any course participant. Company agrees to pay Institution for any additional costs required to provide special accommodations under the ADA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Company Official Signature of Institution Official

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 Title Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date