Workforce Innovation and Opportunity Act

Individual Training Account Policy

No individual in the United States may, on the basis of race, color, religion, sex, national origin, age, [disability,](https://www.law.cornell.edu/definitions/index.php?width=840&amp;height=800&amp;iframe=true&amp;def_id=5814e48524e23b3549a88bcae9486b1d&amp;term_occur=1&amp;term_src=Title%3A29%3ASubtitle%3AA%3APart%3A38%3ASubpart%3AA%3A38.5) or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation in any WIOA Title I-financially assisted program or activity, be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any WIOA Title I-financially assisted program or activity.



Equal opportunity employment/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Individual Training Account Policy

# I. PURPOSE:

The purpose of this policy is to provide guidance and establish the Northeast Workforce Development Boards (NEWDB) standards for the development and implementation of Individual Training Accounts for eligible participants enrolled in the Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker and Youth programs. This policy is established in accordance with WIOA, the Oklahoma Office of Workforce Development (OOWD), and other applicable State and Federal laws, rules and regulations.

# II. BACKGROUND:

WIOA provides for a customer-centered, job-driven workforce system that is accessible to all job seekers. The Adult, Dislocated Worker (DLW) and Youth programs under Title I provide career and training services in Oklahoma Works American Job Centers.

An **Individual Training Account (ITA**) is defined as an account set aside for an individual that has been determined eligible to receive training services (other than on-the-job training and customized training) under Title I Adult, Dislocated Worker and Youth of the Workforce Innovation and Opportunity Act (WIOA). The Individual Training Account is used to finance training services provided by an eligible training provider in a board approved demand occupation. In consultation with the Career Manager, the training service selected must be linked to the employment opportunities that are in demand in the NE area or in another area to which an adult, dislocated worker, or youth receiving such services is willing to commute or relocate. The approved training program will provide occupational skills/career pathways which are projected to result in earnings that meet NE defined self-sufficiency guidelines. The service provider will follow the NEWDB’s locally defined Priority of Service policies when enrolling clients in training.

**Legal Use of Federal Funds:** WIOA funds may not be used to help participants or employers to fill positions or provide support for employment that promotes or supports the use, possession or distribution of marijuana.

# III. REFERENCES:

* WIOA § 134 (3)(G)
* OWDI 19-2017 Change 1 Adult and Dislocated Worker
* OWDI 10-2017 Fiscal Procurement and Contracting
* OWDI 15-2017 Eligible Training Provider
* OWDI-02-2016-Change-2-WIOA-Title-I-Youth-Program-Guidance
* OWDI #02-2019 Data Validation

**BABEL NOTICE:** (29CFR 38.9(g)(3)): This document contains vital service information. If English is not your preferred language, please contact:

Northeast Workforce Development Board

Jeremy Frutchey, EO Officer

*5238 OK Hwy 167*

*Catoosa, OK 74015*

Phone: 918.907.0902 or Cell: 405.269.2821

Email: jeremy.frutchey@northeastworkforceboard.com

or,

State Equal Opportunity Officer

Oklahoma Office of Workforce Development

Ferris Barger

900 N Portland Avenue, BT 300

Oklahoma City, OK 73107

Office: 405.208.2519

Email: Ferris.barger@okcommerce.gov

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# IV. INDIVIDUAL TRAINING ACCOUNT POLICY

ITA’s are the primary method to be used for procuring training services under WIOA. An ITA is a payment agreement with an eligible training provider (ETP), established on behalf of Title I Adult, Dislocated Worker and Out of School (OSY) Youth program participants. ITA’s are not permitted for In-School Youth (ISY). The ITA identifies the amount set aside for the individual and payments will be made through the use of a voucher. The Voucher for Training is utilized to obligate funding to ETPS for partial or total costs of tuition, books, fees, uniforms, equipment and other miscellaneous required items necessary to complete the selected course of study. Items not listed may be approved by the NEWDB Director on a case by case basis. Additionally, the ITA outlines the participant’s responsibilities to the WIOA program and NEWDB. Any returning participants being enrolled in a WIOA funded program must have board approval for a second ITA.

1. Training services must be linked to in-demand occupations and must be provided in a manner that maximizes the individual’s choice in the selection of a training provider. To accomplish this, the NEWDB makes available an **Eligible Training Provider List** (ETPL) , which, along with the Demand Occupation List (list of approved occupations) is available in any of the NE Oklahoma Works American Job Centers. The ITA will inform the NEWDB and the service provider which eligible training provider and demand occupation the participant has selected for training and inform NEWDB and the service provider of the beginning and end dates of the training program. Links to NEWDB ETPL and Demand Occupation are available at:

[Eligible Training Provider Policy](http://northeastworkforceboard.com/wp-content/uploads/2020/04/Eligible-Training-Provider-Policy-Final-2.14.18-1.docx)

[Demand Occupation Skills List Policy](http://northeastworkforceboard.com/wp-content/uploads/2020/08/Demand-Occupation-Policy-Skills-List-8.12.20.pdf)

1. Program participants determined eligible for training services, must consult with a WIOA career manager regarding ETP program quality and performance information, to ensure the individual is able to make an informed choice when selecting a training provider and program. Through consultation with the WIOA career manager, including discussion of program quality and ETP performance information, the program participant is able to make an informed choice when selecting a training provider and program. Once an individual has been determined eligible for training services and selects an eligible training provider from the ETPL, in consultation with the career manager, a referral is made to the training provider and arrangements for payment of the training services are made through an ITA.

The ITA must be developed in a timely manner once the individual has been determined eligible for Adult or Dislocated Worker training services. Once program eligibility has been determined, training funds must not be prorated after the ITA has been established and signed by the case manager and the participant. Lack of case management follow-through, regardless of the reason (e.g., staff shortages, case management mistakes, delayed approvals by the Service Provider when all information for eligibility has been provided, delays in processing payments, etc.), is not an acceptable reason to prorate payments. However, when an individual has been participating in a program of training prior to applying for title I Adult or DLW training services, the cost of training must be prorated to the date the ITA was signed by the participant.

The WIOA Service Provider must, to the extent possible, coordinate funding for ITAs with funding from other federal, state, local or private job training programs or sources to assist an individual in obtaining training services. The WIOA Service Provider must take into account the full cost of participating in training services, including supportive services and other appropriate costs related to attendance in a training program, as defined by this policy, when determining an eligible individual’s “unmet need”. Unmet need is defined as the cost of training not covered by grant assistance, educational entities, foundations or other workforce partners. For Pell eligible training providers, the cost of training supported by an ITA and supportive services determined necessary to participate in career services and/or training services, including needs related payments, may not exceed the participant’s unmet need.

In the event the Coordination of Training Funds form indicates the training program is **not Pell eligible** and the unmet financial need equals the cost of attendance, the service provider may provide supportive services in excess of the unmet financial need, as long as it has been appropriately justified and documented as a need in the client’s OJM file and that supportive service is required to allow the client to participate or continue in a WIOA occupational skills training activity. Unmet need must be documented on a Coordination of Training Funds (COTF) form, which is completed by the training provider.

1. ITAs must be coordinated with other grant sources through the use of a Coordination of Training Funds (CoTF) form to ensure the use of WIOA funds are always secondary to the use of funds from other sources. The amount set aside for the individual shall be recorded on an ITA, and payments will be made through the use of a voucher. The Voucher for Training is utilized to obligate funding to ETPs for partial or total costs of tuition, books, fees, uniforms, equipment and other miscellaneous required items necessary to complete the selected course of study. Items not listed may be approved by the NEWDB Director on a case by case basis.
2. The Individual Training Voucher provides authorization only for an approved, eligible training provider to deliver training and services to students for those costs at the current rates that are published and are standard costs charged to all students. The issuing entity of the Individual Training Voucher will not be liable for any charges made by a student unless the charges are shown on the original voucher signed by the participant and the WIOA Service Provider. Proper invoices must be submitted before payment can be made. The issuing entity of the Individual Training Voucher will abide by the attendance and refund policies written in the training providers’ catalogs or brochures. (OWDI 10-2017)
3. **Documentation:** All assistance provided to individuals for education or training purposes, including assistance from other workforce partners, educational entities or other grant assistance, must be documented in the Universal Information section of OKJobMatch (OJM), under Partner Provided Services, and in the IEP. OJM is the state mandated data system. The CoTF form must also include all assistance provided, with the exception of loans and VA benefits for education and training. The completed CoTF (or comparable, institution approved or validated documentation of the training period covered, the cost of training attendance broken down by cost category, and coordination of training funds) must be uploaded to OJM.
4. An ITA issuance date and amount must be documented in the Educational Grants section of OJM in the applicable program enrollment. If the participant receives any grant or financial aid such as a Pell or other federal grant, state aid, institutional aid, or employer-funded financial aid, it must be documented in the Educational Grants section as well.

# V. PROCEDURES:

The WIOA service provider is responsible for ensuring all ITA’s are developed and executed in accordance with this policy.

The ITA must be completed and signed before the start of training. If either the ETP or trainee is located out of the NEWDB Service Delivery Area or the State of Oklahoma, the trainee’s residence must be within a 50-mile radius of the ETP location. Priority will be given to trainees and ETP’s within the NEWDB service area. ITA’s outside the NEWDB service area must be approved by the NEWDB Executive Director. The Service Provider must submit a written request for NEWDB approval, including justification and supporting documents, prior to the enrollment of individuals in “out of area” ITA’s.

1. **Demand Occupation Require****ments**

The WIOA promotes personal responsibility and decision-making when clients select a training provider. To assist them in their decision, adult, dislocated and youth workers who qualify for training services will be provided information on NEWDB’s demand occupations and eligible training providers. The NEWDB Demand Occupation Policy. which includes the list of approved occupations, is available in any of the NE Oklahoma Works American Job Centers. This should be accessed for customer choice and in the creation of all Individual Training Accounts. ITA’s will be issued for approved training programs that address the skills needed for the demand occupations and the career pathway occupations that lead to demand occupations. Focus should be on demand occupations and career pathways high wage industries that meet or exceed self-sufficiency guidelines.

1. **Customer Choice**

An individual who has been determined eligible for training services may select a provider from the State ETPL available at the any of the NE Oklahoma Works American Job Centers after consultation with the WIOA Career Manager [20 CFR Part 633 §663.440(c)]. Training services will be provided in accordance with the goals and objectives outlined in the client’s Individual Employment Plan (IEP).

1. **Eligible Training Providers**

The ETPL, as approved by the NEWDB and the OOWD, is available to all potential workforce development customers and employers in any of the NE Oklahoma Works American Job Centers. Institutions providing training must have appropriate accreditation and demonstrate effectiveness in providing services. Training institutions must meet performance criteria to remain on the certified ETPL. The NEWDB and the OOWD shall review and determine eligibility of training providers in accordance with OWDI 15-2017, and subsequent issuances. Costs charged by the training provider will not exceed the current catalog prices. The NEWDB Staff will maintain information needed for the state-wide approved ETPL.

1. **Coordination of Training F****unds**

Training services are limited to individuals who are unable to obtain other grant assistance for such services or require assistance beyond that available under grant assistance programs including Pell Grants. The ITA must be coordinated with all other available sources of financial assistance, including other federal programs but excluding loans and Veterans Administration Educational Benefits, in determining an individual’s overall need for WIOA funds to pay for allowable training costs. This is intended to ensure that WIOA funds supplement other sources of training grants.

A CoTF from must be completed by the training provider’s financial aid office prior to approval for training services. If the training provider and the training program are Pell eligible, the client receiving training services will be required to apply for Pell grant assistance. Financial aid applications are accessible online at [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov).

Resources will be coordinated sufficiently to meet the education-related costs of services so the client can afford to successfully complete the agreed-upon program of training services. Pell Grants are intended to provide for both tuition and other education-related costs. Career managers are required to document the mix of funds utilized for financing of training services to ensure a client’s unmet need is not exceeded and that WIOA funds are not duplicating other grant assistance payments or exceeding the allowable cost of attendance.

Career managers will use the attached CoTFs form to provide documentation of the coordination between the WIOA funding and other funding sources. This form is to be completed by the training institution’s financial aid office or representative. At a minimum, a new CoTF form is required annually. The career managers may make revisions or additions to the information on the form that has been provided by the financial aid office in the event that cost of living or other allowable training expenses are not documented or miscalculations have been made.

A client may enroll in an eligible training program with WIOA funds while an application for Pell Grant funds is pending. However, the career manager must make prior arrangements with the training provider and the client regarding allocation of the Pell Grant if it is subsequently awarded (20CFR Part 663 §663.320(c). Training services may be provided while an application for a Pell Grant is pending. However, funding will not be obligated until the Pell Grant is removed from pending status.

ETPs, including community colleges, universities, technology centers, and private training entities may offer both Pell eligible and non-Pell eligible training programs. **Non-Pell eligible** training programs, do not calculate unmet need in the same manner as Pell eligible training programs. ETPs offering short term training that is not Pell eligible generally document only the direct cost of training, i.e., tuition and mandatory fees, books, equipment, cost of exams and licenses, etc. In the event the Coordination of Training Funds form indicates the training program is not Pell eligible and the unmet financial need equals the cost of attendance, the service provider may provide supportive services in excess of the unmet financial need, as long as it has been appropriately justified and documented as a need in the client’s OJM file and that supportive service is required to allow the client to participate or continue in a WIOA occupational skills training activity.

Note: The COTF form, attachment C to this issuance, has been revised to reflect that local WIOA staff are not authorized to change information entered by the financial aid officer (or the training facility’s appropriate designee) in Section II. If corrections are needed, the training provider is required to complete a new COTF form or the financial aid officer/designee may make corrections to the original COTF, initial each correction, and provide a new signature.

The process for completion of the COTF form is explained below:

* Section I of the COTF form must be completed by the WIOA case manager, signed by the WIOA participant requesting training, and sent to the financial aid office of the appropriate training entity.
* Section II must be completed by the financial aid officer (or the training entity’s designated staff) and returned to the case manager. Section II must include all known financial resources, with the exception of loans and VA benefits for education and training.

Section III is then signed by the case manager, attesting that WIOA funds are necessary for the completion of the individual’s employment goal(s).

1. **Establishing an ITA**
	1. An ITA has a cost limitation (cumulative training expenditures/obligations) of a maximum of $10,000 in a two-year period. The NEWDB Director may approve an additional $2,500 based on need. The ITA should only be issued for the client’s determined unmet need up to the maximum amount. The costs associated with an ITA must correspond to the date of the WIOA program enrollment. ITA’s approved after a participant’s education/training start date must be prorated to the date of WIOA enrollment.
	2. Participants have a maximum of two (2) years to complete a training services program as described in this policy and as described in his/her IEP) and ISS. ITAs have an expiration date of no more than two years from the account start date, unless initially approved by the NEWDB Executive Director. Renewals/extensions beyond two years must have the NEWDB Executive Director approval. The request must be submitted in writing and contain justification as to the extenuating circumstances that prevented the completion of the training program in the allotted time. (Examples: illness that prevents attendance; courses not being available sequentially in the order required to complete in a two-year period, etc.) If an extension is approved, an ITA modification will be completed by the career manager. A copy of the written communication approving the extension should be attached to the modification and uploaded. An appropriate case note must be entered in the OJM file.
	3. The CoTF must prove an unmet need before an ITA can be established and a Voucher for Training issued. The CoTF, signed by the financial aid officer, will record the client training-related financial assistance needs and the mix of funding assistance, concluding with the participant’s unmet need.
	4. The ITA is established by the career manager on behalf of the client at an amount that is appropriate for his/her training program financial need. The career manager must ensure that the most current eligible training provider list and costs are available in order to determine the amount of the ITA for each individual participant. Financial aid officers should be made aware that any changes that may occur to the current unmet need amount must be immediately reported to the participants career manager.
	5. When an ITA is established, staff must record the services associated with the account in the OJM Service and Training Plan with a correlating detailed program note and must ensure that ITA documentation required by Oklahoma and NEWDB’s policy is scanned and uploaded to the appropriate enrollment. ITA support documentation includes the CoTF, acceptance letter to training or other proof of enrollment, ITA Agreement/Contract with participant, Voucher for Training, etc.
	6. Participants must meet or exceed attendance and academic requirements of the school/training provider. Failure to do so may result in the revocation of the participants ITA. The ITA has a start and end date and all vouchers issued during that time will be deducted from the ITA amount. The projected end date may fluctuate slightly due to unexpected school schedules or other events. An end date of more than 30 days from the original date requires a modification to the ITA. The Service Provider Fiscal Department will have the authority to deny payment of a voucher if the Individual Training Account Policy is not being followed.
	7. Continued participation is subject to continued availability of funding by the Department of Labor.
	8. ITA funding may be used to pay only for classes or training directly related to the training/degree plan and will not be used to pay for the same class more than once.
2. **Voucher for Trai****ning**

A Voucher for Training will be utilized to obligate WIOA funding for the approved training program to ETPs for partial or total costs of tuition, books, fees and other training related costs (uniforms, tools, etc.) which are required for the participant to complete training. Training-related costs not available through the eligible training provider must be provided as supportive services in accordance with the NEWDB Supportive Service Policy. Supportive services are not paid out of the ITA. When filling out the training voucher, information in the shaded areas requires an entry. This includes the starting ITA amount, ITA cost to date and the ITA balance. The Career Manager should check with the Service Provider Fiscal Department before filling in this amount to ensure accuracy. The voucher will be signed by the participant, and the career manager. Then the voucher will be sent to the service provider management staff for the final approval before submitting to the training provider. The training provider is instructed to submit invoices and receipts for payment and is not required to return the voucher.

Prior to the beginning of each semester, the participant must return to the one-stop center and consult with his/her career manager. A voucher will be issued for each new semester or billing cycle. A new CoTF must be completed annually at a minimum, to cover the federal financial aid funding year for which the voucher(s) are issued. The issuance of a voucher will be at the discretion of the career manager based on successful completion of the previous semester, appropriate progress in training goal and the balance of funds available in the ITA.

Payments from ITA’s may be made in a variety of ways, including the electronic transfer of funds through financial institutions, vouchers, or other appropriate methods. Payments may also be made incrementally, through payment of a portion of the costs at different points in the training course. [WIOA §134(d) (4) (G) and 20 CFR Part 663 §663.410]

1. **Individual Training Account Modification**

In some circumstances the ITA or Voucher for Training may require a modification. The Career Manager will make a copy of the document that requires modification, strike through information to be corrected, write in the changes, initial and date beside those changes and submit to the Service Provider Fiscal Department. A program note will be entered justifying the modification. If the modification affects either the client and/or training provider, they will be appropriately advised of the modification and a case note will be entered. A copy of the modified document will be uploaded in the system.

1. **Account Tracking**

Career Managers and the Service Provider Fiscal Department are required to track each participant’s ITA expenditures and balance to ensure spending does not exceed the ITA Agreement. ITA expenses and supportive service payments are tracked to avoid exceeding the unmet need indicated on the CoTF. Current tracking tools and ITA documentation will be maintained in the OJM upload section. Sample tracking tools utilized by the service provider are found in the attachment section of this policy. ITA documents including the CoTF, ITA, Voucher for Training and an acceptance letter from the training provider as proof of enrollment will be uploaded in the client file and also maintained in the fiscal hardcopy file. When appropriate, the career manager may upload the degree plan and unofficial transcript to the ITA section.

1. **Training Contracts as the Expectation to an ITA**

Although ITAs are the primary method to be used for procuring training services, in certain circumstances a contract for training services may be developed instead of an ITA. Contracts for services may be used instead of ITAs when at least one of the circumstances below applies, and if the NE area has fulfilled the consumer choice requirements of 20 CFR § 680.340. The contract exceptions to an ITA are:

* When the services provided are on-the-job training (OJT), customized training, incumbent worker training or transitional jobs;
* When the NEWDB determines there are an insufficient number of ETPs in the NEWDB Service Delivery Area to accomplish the purpose of a system of ITAs. The determination process must include a public comment period for interested providers of at least 30 days, and be described in the NEWDB Plan;
* When the NEWDB determines there is a training services program of demonstrated effectiveness offered in the area by a community-based organization or another private organization to serve individuals with barriers to employment. The NEWDB must develop criteria to be used in determining demonstrated effectiveness, particularly as it applies to the individuals to be served and their particular barriers to employment. The criteria may include:
* Financial stability of the organization;
* Demonstrated performance in the delivery of services to individuals with barriers to employment through such means as:
* program completion rates;
* attainment of skills, certificates or degrees the program is designed to provide;
* placement after training in unsubsidized employment; and
* retention in employment; and
* How the specific program relates to the workforce development needs identified in the NEWDB plan;
* When the NEWDB determines it would be appropriate to contract with an institution of higher education or other provider of training services to facilitate the training of multiple individuals in in-demand industry sectors or occupations, provided the contract does not limit consumer choice; and
* When the NEWDB is considering entering into a Pay-for-Performance contract and the NEWDB ensures the contract is consistent with 20 CFR § 683.500 and § 683.510.

In addition to the contract exceptions to an ITA, a NEWDB may determine that a combination of ITAs and contracts is an effective approach for placement into programs such as Registered Apprenticeship (RA) and other work-based training (OWDI 19-2017 Change 1 ADLW).

# VI. EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT:

All Recipients, and Sub-recipients/Sub-grantees must comply with WIOA’s Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

# VII. ATTACHMENTS

* Attachment A: Individual Training Account Form
* Attachment B: Individual Training Account Voucher Form
* Attachment C: Coordination of Training Funds Form
* Attachment D: Unmet Need Calculation Form
* Attachment E: Pro-Rated Tuition Worksheet
* Attachment F: Individual Training Account Tracking Sheet

# VIII. POLICY ADDITIONS AND CLARIFICATIONS:

The NEWDB Executive Director is authorized to issue additional instructions, guidance, approvals, forms, etc. to further implement the requirements of this policy.

**NEWDB Approval 11/4/20 by:**

Heather Smoot

Northeast Workforce Development Board Chair

# ITA Document Attachments: For case management service provision, review and signature, as applicable, with participant and/or ETP.

* Attachment A: Individual Training Account Form
* Attachment B: Individual Training Account Voucher Form
* Attachment C: Coordination of Training Funds Form
* Attachment D: Unmet Need Calculation Form
* Attachment E: Pro-Rated Tuition Worksheet
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Northeast Workforce Development Board

Jeremy Frutchey, EO Officer

*5238 HWY 167*

*Catoosa, OK 74015*

Phone: 918.907.0902 or Cell: 405.269.2821

Email: Jeremy.frutchey@northeastworkforceboard.com

or,

State Equal Opportunity Officer

Oklahoma Office of Workforce Development

Ferris Barger

900 N Portland Avenue, BT 300

Oklahoma City, OK 73107

Office: 405.208.2519

Email: Ferris.barger@okcommerce.gov

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**Individual Training Account (ITA) Agreement**

Participant: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID# \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ITA Start Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ITA End Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Individual Training Account (ITA): $\_     \_\_\_\_\_\_\_\_\_ Funding Stream: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provider: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Demand Occupation: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT AND AGREEMENT**

* The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP).
* ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.
* This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA Agreement must be approved per Workforce Development Board policy and only for exceptional circumstances.
* It is my responsibility to budget and track my ITA expenditures to ensure that the funds available to me are not depleted prior to completion of training. I will coordinate with my Career Manager and verify my ITA balance as necessary.
* I understand that I must meet or exceed attendance and academic requirements of the school/training provider.
* I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment. My Career Manager has counseled me in regard to this issue.
* Continued participation is subject to continued availability of funding by the Department of Labor.
* I agree to monthly contact with my Career Manager to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.
* I will immediately inform my Career Manager of changes of name, address, phone number, email address or back-up contact information.
* Prior to the beginning of each new semester I will schedule an appointment with my Career Manager to complete a voucher for the upcoming semester. I agree to provide any documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and Financial Aid Award letter.
* In the event that I drop or add a class, I will notify my Career Manager immediately.
* ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I will be responsible for paying for such class the second time.
* Upon participant receipt of a pending Pell Grant, scholarship or other award, any ITA funds expended must be reimbursed to NEWDB.

Upon completion of my training, I agree to provide my Career Manager with information concerning my employment and copies of any diplomas, credentials, or licenses earned.

**I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.**

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

**ITA Participant’s Signature Date WIOA Representative Signature Date**

**I have established this ITA and reviewed the terms of this Agreement with the client.**

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

**Operations Manager’s Signature Date Fiscal Approval Date**

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Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

**TRAINING VOUCHER FORM**

**Training Institution/Provider:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mod #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Name:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WIOA Program/Funding Stream: [ ] TAA [ ] Adult [ ] DLW [ ] Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* agrees to sponsor the above named student in the course(s) or program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Refunds or returns for non-compliance will be made to  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .*

Explanation if this is a Modification:

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

**TRAINING**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Hours** |
|  |  |  |
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**AUTHORIZED TRAINING COSTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Amount** | **Items** | **Amount** |
| Tuition | $ | Uniforms | $ |
| Fees | $ | Tools | $ |
| Supplies | $ | Other (Describe): | $ |
| Books | $ | Other (Describe): | $ |
|  | **TOTAL $** |  |

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees, or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to the       *(WIOA Service Provider)* .

Upon participant receipt of a pending Pell Grant, any ITA funds expended must be reimbursed to NEWDB.

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

Participant Signature Date WIOA Service Provider Signature Date

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

****Operations Manager Signature Date Fiscal Approval Date

Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

**COORDINATION OF TRAINING FUNDS**

|  |
| --- |
| **SECTION I** |

To: Financial Aid Office

Attention: From:

Training Provider: Attention:

Training Program:

Fax or E-mail Address: Fax or E-Mail Address:

Participant Name: ID Number:

I hereby authorize the exchange of information between the WIOA Case Manager and the Financial Aid Office at the above-named School regarding the awarding of any financial aid from any source.

Participant’s Signature Date

|  |
| --- |
| **SECTION II: The following section is to be completed by the financial aid office.** |

**PERIODS COVERED**

**Start Date: End Date**

* Fall 🞎 Trimester I 🞎 Full Length of Short Course
* Spring 🞎 Trimester II
* Summer 🞎 Trimester III

**Total Cost of Attendance $ *minus* Student’s Financial Aid $  *equals* Unmet Financial Need $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COST OF ATTENDANCE \***

**Tuition and Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Books, Supplies and Tools $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Uniforms $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER EXPENSES RELATED TO TRAINING \*\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL COST OF ATTENDANCE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S FINANCIAL AID**

**PELL Grant Eligibility $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ] **Student or** [ ] **Program is not PELL eligible**

**OTHER FINANCIAL RESOURCES EXCLUDING LOANS AND VA BENEFITS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL FINANCIAL AID $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***By signing below, the financial aid officer (or the school’s designated personnel who performs those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid awarded to the participant as part of a continuing, regular information sharing process. At the discretion of the Local Workforce Development Board, correction or changes to Section II must be documented by the submission of (1) a new COTF form or (2) the financial aid officer may revise the cost of training on the previously submitted COTF form by initialing and dating the changes. Option (2) requires a new signature and date of submission.***

Financial Aid Officer Date

*\*As defined by the Higher Education Act Section. 472*

*\*\*Other expenses related to training may include transportation, room and board, vehicle insurance, and other items necessary for attendance as defined by NEWDB policy.*

|  |
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|  **SECTION III: The following section is to be completed by the WIOA Case Manager** |

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant’s employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

****WIOA Service Provider’s Signature Date

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 **UNMET NEED FORM**

|  |
| --- |
| **Unmet Need**  |
| Participant name:  |   | School Name: |   |
| Participant ID:  |   | Course of Study:  |   |
| ITA Amount:  |   | Funding Stream:  |   |
| ITA Start Date:  |   | ITA End Date:  |   |
|   | 1 | 2 | 3 | 4 |
| Training period |   |   |   |   |
| Cost of Attendance |   |   |   |   |
| Minus all other Resources |   |   |   |   |
| Financial Aid Package |   |   |   |   |
| Other Funding |   |   |   |   |
| Unmet Need  | $0.00 | $0.00 | $0.00 | $0.00 |
| Fall Training Voucher |   |   |   |   |
| Fall Book voucher |   |   |   |   |
| Spring Training Voucher |   |   |   |   |
| Spring Book Voucher |   |   |   |   |
| Summer Training Voucher |   |   |   |   |
| Summer Book Voucher  |   |   |   |   |
| Supportive Services |   |   |   |   |
| Supportive Services  |   |   |   |   |
| Supportive Services |   |   |   |   |
| Remaining unmet Need | $0.00 | $0.00 | $0.00 | $0.00 |

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**Pro-Rated Tuition Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name** |   | **OKJM PID** |   |
| **Course** |   |
| **Date Course Started** |   | **Date of Enrollment** |   |  |   |
| **Total Training Hours** |   | **Training Hours Prior to Enrollment** | 0 |
| **Training Hours per Week** |   | **Training Hours After Enrollment** | 0 |
|   | **Total Tuition Amount** |   |
| **Additional Training Costs (list)** | **Amount** | **Pell Grant Awarded (Subtract)** |   |
|   |   | **Adjusted Tuition Amount** |  **$ -**  |
|   |   | **Adjusted Tuition** |  | **Course Hours** |  | **Tuition cost per Hour** |
|   |   |  $ -  | / | 0 | = | #DIV/0! |
|   |   | **Remaining Hours** |  | **Cost Per Hour** |  | **Pro-Rated Tuition Amount** |
|   |   | 0 | x | #DIV/0! | = | #DIV/0! |
|   |   | **Pro-Rated Tuition** |  | **Additional Training Costs** |  | **Allowable ITA Amount** |
| Total |  $ -  | #DIV/0! | + | $0.00 | = | #DIV/0! |

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**ITA Tracking Sheet**

**Client Name: Client ID #:**

**Program: Activity/Service:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **OBLIGATION** | **ADJUSTMENT** | **ITA BALANCE** | **PAYMENTS** | **PAYABLE BALANCE** |
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