

ITA CALCULATIONS WORKSHEET

Name _____

Start Date of Training _____

Training Provider: _____

SECTION I

Enter Allowable Training Amount:

\$7,500 Short Term (20 credit hours or less) \$ _____

\$17,500 Long Term (21 cr. /hr up to, but not including, an associate degree)

\$25,000 Associate Degree (Associate Degree)

\$35,000 Bachelor Degree (completed within 95 credit hours)

_____ So. 14 Board approved ITA increase on (date) _____ (form attached)

Total projected cost of training \$ _____

Total training dollars remaining \$ _____

If Total Training Dollars Remaining is a negative amount, proceed to next section

SECTION II

REMAINING TRAINING DOLLARS NEEDED

Total Training Dollars Remaining (from above) \$ _____

Total Financial Assistance \$ _____

Remaining Need \$ _____

Clients Out of Pocket Expense \$ _____

SECTION III

CALCULATING PROJECTED NEED FOR WIA SUPPORTIVE SERVICE DOLLARS

Projected need for Commuting:

_____ miles/day X _____ days/wk X _____ weeks = \$ _____

Projected need for Child Care:

\$ _____ /day X _____ days/wk X _____ weeks = \$ _____

Projected need for Out of Area Job Search

\$ _____

Projected need for Tutoring

\$ _____

Projected need for Healthcare Services

\$ _____ /day X _____ days/wk X _____ weeks = \$ _____

Projected need for Temporary Shelter & Lodging

\$ _____ /day X _____ days/wk X _____ weeks = \$ _____

Projected need for Relocation Assistance \$ _____

Projected need for (OTHER) \$ _____

PROJECTED COSTS OF SUPPORTIVE SERVICE \$ _____

ITA ENROLLMENT AGREEMENT

Agency Name: _____

I have read the following statements and agree to their adherence:

_____ **Expenses:** I understand that the Workforce Innovation Act (WIOA) will pay for the expenses that are required for my WIOA approved program of study.

_____ **Registration:** I understand that I am solely responsible for registering for the training classes paid by WIOA, and agree to register as a full-time student, as defined by my school, unless I have written approval from my Career Planner. I also understand that I must pay for late registration fees or penalties if this matter was caused by my error or delay.

_____ **Books and Supplies:** I understand that any tools and equipment purchased with WIOA funds remain the property of WIOA until I complete my training or obtain employment and that I may be asked to return any tools or equipment purchased on my behalf if I do not complete my training or obtain employment. If asked I agree to return all tools and equipment purchased to the career planner within 10 days of request.

_____ **Withdraw:** If I plan to withdraw from class or school, I will first contact my Career Planner. I understand that if I withdraw from class without prior WIOA approval, WIOA will not provide the funds to re-enroll in that class at a later date.

_____ **Cancellation Policy:** I understand that if I attend a school with a cancellation policy that includes a fee for either a class I cancel or if I fail to show for a scheduled class, that I, and not WIOA, am responsible for the payment of the cancellation fee.

_____ **Contact with Case Manager:** I agree to contact my Career Planner as scheduled. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Career Planner prior to registration for continued assistance from the program. I agree to keep my Career Planner informed of all current pertinent information, such as name, address, and telephone number for a period of one year following program exit.

_____ **Attendance:** I will make every effort to attend all classes scheduled and understand that I am solely responsible for my attendance. It has been explained to me that my attendance must be documented. I agree to sign in and sign out on the time sheets provided to me by this WIOA agency. Instructions for the time sheets have also been provided to me. I forfeit my right to supportive service payments if I do not adhere to this policy.

_____ **Program Progress:** When your course(s) end, please forward a copy of your grades including withdrawals, drops, and/or a certificate of completion as soon as possible to your Career Planner. Failure to forward your grades or certificate of completion may jeopardize further participation in any agency sponsored programs. If you are unable to

maintain a 2.0 grade point average or better, you will need to meet with your Career Planner. to review your progress and assess the program.

_____ **Program Participation:** I agree to adhere to the Service Provider's policies regarding program participation. I also understand that failure to adhere to these policies could result in my dismissal or termination from WIOA.

_____ **Financial Aid:** I agree to give my Career Planner as soon as possible a copy of my financial aid award letter. I understand that any changes may reduce the amount of Job Training funds available to me. I also understand that if I fail to inform my Career Planner. about these changes, it may result in either suspension from the WIOA program for one quarter or semester, or termination of WIOA funded training.

_____ **Job Placement:** I will make every effort to complete the training program and immediately seek, find and maintain full time employment near or after the completion of training. I agree to provide a resume to my Career Planner before the completion of training to assist with job placement activities. Once placed I agree to provide employment information including but not limited to: date of new employment, employer's name, employer's address, employer's phone number, job title, job description, work hours, hourly wage, fringe benefits, and supervisor's name.

_____ **Post Program Follow-up:** I agree to participate in follow up activities for a period of one year following program exit.

_____ **Other Training Programs:** I understand that upon my enrollment into this program, I may not be eligible for other programs funded by WIOA.

_____ **Availability of Funds:** I have been informed that my training is contingent on the availability of funds provided by WIOA.

Customer's Signature / Date

Career Planner Signature / Date

INDIVIDUAL TRAINING ACCOUNT

WIOA Entity _____

_____ NEW _____ MODIFIED EFFECTIVE DATE _____ ADULT _____ DISLOCATED WORKER

PARTICIPANT NAME	TRAINING FACILITY
STREET ADDRESS	MAILING ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER XXX-XX-____	AREA-CODE PHONE NUMBER
CIP / OES CODES	COURSE OF STUDY
Start Date: _____ Projected End Date: _____	
<input type="checkbox"/> Length of Training is Short Term (20 cr/hr or less) <input type="checkbox"/> Length of Training is Long Term (21 cr/hr or more)	
<input type="checkbox"/> Length of Training is an Associate Degree <input type="checkbox"/> Length of Training is an Bachelors Degree	

Maximum ITA Amount	\$	_____
Year One Estimate	\$	_____
Year Two Estimate	\$	_____
Year Three Estimate	\$	_____
Remaining Balance	\$	_____

**FUNDS OBLIGATED FOR YEAR TWO ARE SUBJECT TO CHANGE
DUE TO FINANCIAL AID AWARDS AND OTHER TRAINING UNCERTAINTIES**

ESTIMATED SUPPORT SERVICE ASSISTANCE		Total Estimated Supportive Service Assistance \$ _____
Commuting Expense	\$ _____	Healthcare Services \$ _____
Child Care	\$ _____	Temporary Shelter \$ _____
Out of Area Job Search	\$ _____	Relocation Assistance \$ _____
Tutoring	\$ _____	Other \$ _____

Authorized Approval _____	Date _____
Client Signature _____	Date _____

FIGURES REFLECTED ON THIS AGREEMENT ARE NOT TO BE CONSIDERED AN ENTITLEMENT AND ARE SUBJECT TO CHANGE BASED ON AGENCY FUNDING LEVELS.

PARTICIPANT GUIDELINES:

- 1) Training will be limited to: Short Term (20 credit hours or less); Long Term (21 credit hours or more, but not including an associate degree; an Associate Degree, and a Bachelors Degree.
- 2) Should the total cost of training (tuition, fees, books and supplies) exceed the maximum allowable, WIOA funds will be applied in the following order. (1) tuition/fees, (2) books, (3) supplies.
- 3) You must apply for financial assistance programs even if not approved, in order for WIOA funding to be considered. Proof of financial assistance application must be submitted to Career Planner.
- 4) If the cost of attendance exceeds the amount of other financial aid, WIOA will pay for tuition, fees, books and/or supplies not to exceed the difference between the financial aid available and the cost of attendance. If you receive financial aid designated specifically for tuition, fees, books and/or supplies, WIOA will only pay the difference when financial aid does not cover all such costs.
- 5) All training must be toward specific occupational skill areas that are in high demand in the state and regional labor market area. Course must be only those required by the training institution for completion of the approved course of study. ~~No sectarian course of study or home study will be approved.~~
- 6) Required remedial/developmental classes will be approved for payment provided the course of study, including remediation, can be completed within the period established by the program.
- 7) Continuation of WIOA payments is based upon satisfactory progress as documented by the case manager's review of grades and compliance with other WIOA classroom policies. You are responsible for bringing your grades to your career planner after each grading period. Failure to do so will result in discontinuation of WIOA funding.
- 8) Attendance by you must be continual. You may not stop attending without prior approval from your career planner. Ceasing to attend training without prior approval will mean noncompliance with the Individual Training Account Agreement and shall result in the discontinuation of WIOA funding. (You are not required to attend summer sessions to satisfy this requirement, if you are attending a four-year college or university, or if you are attending a community college).
- 9) Any change in your course of study must be requested in writing prior to the change and receive approval from your career planner. Failure to do so will mean noncompliance with the Individual Training Account Agreement and will result in discontinuation of WIOA funds.
- 10) WIOA will not pay for any costs incurred for training prior to the participant starting classes of any term approved under the Individual Training Account Agreement.
- 11) You will be financially responsible for payments as a result of the following:
 - a. Costs incurred that did not receive prior approval for changes such as ending date or course of study.
 - b. Costs incurred for enrollment in a training term following the effective date of discontinuance of the Individual Training Account Agreement resulting from failure to meet satisfactory progress criteria.
 - c. The cost of tuition and books for repeated courses previously paid by WIOA. Prior approval for repeated courses may be obtained from Career Planner if extenuating circumstance exist. Approval must be done well in advance and include documentation of circumstance.
 - d. Cost of tuition and books not in your approved course of study.
 - e. Duplicate purchase of books.
 - f. Desktop supplies such as pens, pencils, paper, etc.
 - g. Miscellaneous items not required for the approved course of study.
 - h. Fees for accident/health insurance.
 - i. Courses audited.
 - j. Any costs for a term for which the participant fails to begin attending classes.
 - k. Any other costs not described in these guidelines and not approved for the course of study.

PARTICIPANT STATEMENT OF UNDERSTANDING

I understand that I will be held financially liable for any over payments of WIOA funds expended on my behalf and caused by my actions. I also understand that payments (tuition, fees, books and supplies) shall be subject to the availability of federal funds.

Participant Signature _____ Date _____

Request for Individual Training Account (ITA) Increase

Provider Name: _____ Career Planner: _____

Client Name: _____ Program Title: _____

College: _____ Program of Study: _____

Current Expenditure to Date: \$ _____

Requested Increase amount: \$ _____

Total Planned Expenditure: \$ _____

Revised ITA Total: \$ _____

Please select Appropriate Training Cap:

Short Term Vocational Training cap \$7,500

Long Term Vocational Training Cap \$17,500

Associate Degree Training Cap \$25,000

Bachelor Degree Training Cap \$35,000 (WIOA Title 1D and 1A only IF obtained within 95 credit hours or less)

Reason for Increase (please be specific i.e. Tuition increase, Mileage increase, other)

So. 14 LWIB Chair Signature: _____

Date: _____