

LOCAL ITA POLICIES

Southern 14 Workforce Investment Board, Inc. LWIA #26

The Individual Training Account (ITA) is established for eligible Adult and Dislocated Worker individuals to finance training services. The law provides several exceptions when contracts may be used instead of ITAs, as outlined below:

1. When the services provided are on-the-job training (OJT) or customized training;
2. When the Board determines that there are an insufficient number of eligible providers in the local area to accomplish the purpose of a system of ITAs; or
3. When the Board determines that there is a training services program of demonstrated effectiveness offered in the area by a community-based organization (CBO) or another private organization to serve special participant populations that face multiple barriers to employment.

To be in compliance with the statutory requirement to utilize ITAs to the extent practical, the area at a minimum must:

1. Expend the majority (i.e. at least 51 percent (51%) of combined costs incurred through ITAs and training contracts under the adult and dislocated worker programs through individual training accounts; or
2. Serve the majority (i.e. at least 51 percent (51%) of adult and dislocated worker customers receiving training services through ITAs.
3. The 51 percent (51%) minimum criterion is set as low as possible to allow flexibility while still meeting the statutory requirement.
 - a. This policy is intended to allow the area to pursue alternative training opportunities to expand training choices and better link workforce and economic development.

If it is determined by the Board that there are insufficient eligible providers in the area to accomplish the purposes of the Act and complies with the requirements of 20 CFR 663.430 the area may be in the position of not using ITAs at all or minimally. The Area will also be considered to be in compliance regardless of the percent of combined adult and dislocated worker training funds expended through ITAs.

Limitations on use of ITA's

In WIOA #26 ITA's will be used to assist in financing the cost of the following types of training: short and long term vocational, associate degree, job readiness, entrepreneurial training, workforce education when combined with co-operative education, skill upgrading and retraining, and adult education and literacy services combined with any of the above services. It is the intent of the LWIB to set caps on the dollar amount of individual ITAs by the type of services listed below.

These caps are based on historical records and actual costs of various training programs available through the Community College system. For short term vocational training the cap will be set at **\$5,000**; for long term training the cap will be set at **\$15,000**; and for associate degree directed training the cap will be set at **\$20,000**. For bachelor degree directed training the cap will be set at **\$30,000**. WIOA Title ID and IA funding can only be used toward a bachelor degree training if that degree can be obtained with ninety-five (95) credit hours or less. ITAs will not be used for OJT or customized training.

Service providers may request an ITA cap increase on client specific basis with prior approval from the So. 14 Board.

Re-Enrollment

ITA clients who drop out and are exited from a program, if re-enrolled, will be given a new ITA (Individual Training Account).

ITA CALCULATIONS WORKSHEET

Name _____

Start Date of Training _____

Training Provider: _____

SECTION I

Enter Allowable Training Amount:

\$5,000 Short Term (20 credit hours or less) \$ _____

\$15,000 Long Term (21 cr. /hr up to, but not including, an associate degree)

\$20,000 Associate Degree (Associate Degree)

\$30,000 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 (tuition/fees, books, supplies), but will not pay for any costs incurred for training prior to my WIOA training approval.

You will be financially responsible for payments as a result of the following:

1. Costs incurred that did not receive prior approval for changes such as ending date or course of study.
2. 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.
3. The cost of tuition and books for repeated courses previously paid by WIOA
4. Cost of tuition and books not in your approved course of study.
5. Duplicate purchase of books.
6. Desktop supplies such as pens, pencils, paper, etc.
7. Miscellaneous items not required for the approved course of study.
8. Fees for accident/health insurance.
9. Courses audited.
10. Any costs for a term for which the participant fails to begin attending classes.
11. Any other costs not described in these guidelines and not approved for the course 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. I agree to return any tools or equipment purchased on my behalf if I do not complete my training or obtain employment.

_____ **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 Career Planner:** 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. I understand that if I stop attending without prior approval from my career planner I will not be in compliance with my ITA and my WIOA funding will be discontinued.

_____ **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. Continuation of WIOA payments is based upon satisfactory progress as documented by the career planner's review of grades and compliance with other WIOA classroom policies. I am responsible for bringing my grades to my career planner after each grading period and failure to do so will result in discontinuation of WIOA funding.

_____ **Training Requirements:** 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 Bachelor's Degree. 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. Required remedial/developmental classes will be approved for payment provided the course of study, including remediation, can be completed within the time frame established by the program.

_____ **Financial Aid:** I understand I must apply for financial assistance programs even if not approved in order for WIOA funding to be considered. 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.

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.

WIOA Client Signature / Date

Career Planner Signature / Date

REQUEST FOR ITA INCREASE

Provider Name: _____

Reason:

Client Name: _____ **SSN: XXX-XX-** _____ **Title:** _____

Revised ITA Amount: \$ _____

So. 14 LWIB Approved _____

So. 14 LWIB Chair Signature _____