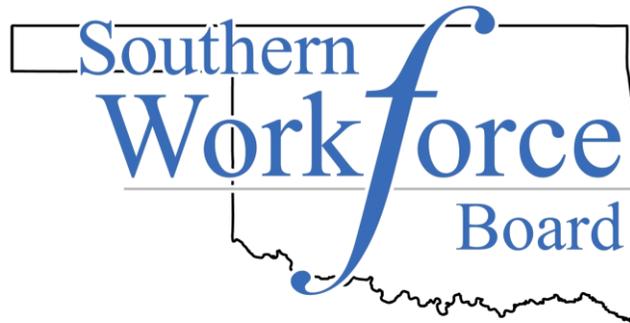


SOUTHERN WORKFORCE BOARD, INC.



INDIVIDUAL TRAINING ACCOUNT

ITA POLICY & PROCEDURES SWB - #102

Revised August 10, 2016

Revised June 19, 2019



SWB is an Equal Opportunity Employer/Program and Activities. Auxiliary aids and services are available upon request to individuals with disabilities.

BABEL NOTICE (29 C.F.R. § 38.9(g) (3)): This document contains vital information. If English is not your preferred language, contact One Stop Operator, ososouthern@gmail.com, 1414 E. Wade Watts Ave. McAlester, Ok. 74501 (580)634-1853 TTD/TTY: 711 or 800-722-0353 to obtain translation and/or interpretation services for the content of this document

Description

The Individual Training Account (ITA) is established for eligible adult, dislocated worker individuals, and out-of-school youth 16-24 year olds and any other programs operated by the Southern Workforce Board's Service Provider agency that require the establishment of ITAs to finance training services. The ITA is established by the Service Provider on behalf of the participant. WIOA Title I adult, dislocated worker, and eligible youth participants purchase training services from eligible training providers they select in consultation with the Service Provider staff.

The Workforce Innovation & Opportunity Act promotes personal responsibility and decision-making when participants select a training provider. To assist them in their decision, adult and dislocated workers that qualify for training services must be provided information on state and local demand occupations and performance criteria of training providers. The demand occupation list for Southern Oklahoma has been provided to the One Stop Operators and WIOA Title I service provider staff. Revisions will also be transmitted of the demand occupations list, declining occupations list and demand skill set lists as needed.

Training Providers

Training for eligible participants under Title I of the Workforce Innovation & Opportunity Act will be provided through ITAs as well as any other grant awarded to the Agency that require the establishment of ITAs. (e.g. NEG) Institutions providing training must have appropriate accreditation and demonstrate effectiveness in providing services. Training institutions must meet performance criteria to remain on the certified eligible training provider list. Annually, the Southern Workforce Board and the State of Oklahoma shall review and determine eligibility of training providers.

The state and local training provider list, as approved by the Southern Workforce Board and the State of Oklahoma, must be made available to all potential workforce development customers and employers. The list must be made available through one or more of the following options: (1) notification at orientation, (2) through a direct icon link on a resource room/learning lab computer, (3) through direct distribution to the customer, or (4) through public posting in the resource room/learning lab on a public bulletin board or other public system.

Exceptions to the ITA Policy Requirements

Training services may be provided pursuant to a contract for services in lieu of an ITA when:

1. The training services are On-the-Job Training provided by an employer
2. The training services are described as Customized Training
3. The Board determines that there is a training services program of demonstrated effectiveness offered in the Southern Workforce Investment Area by a community-based organization or another private organization which serves populations that face multiple barriers to employment, such as:
 - Individuals with substantial language or cultural barriers
 - Offenders
 - Homeless individuals, and

- Other hard-to-serve populations as described by the Oklahoma Employment Security Commission to include “people with disabilities”

WIOA Title I Service Providers will utilize the Southern Workforce Board WIOA On-the-Job (OJT) Training policy for all eligible adults and dislocated workers desiring participation in OJT services.

WIOA Title I Service Provider Staff must comply with the following procedures for Board approval of institutions/entities that will provide customized training or training for individuals with multiple barriers PRIOR to the issuance of an ITA. The following information must be provided to Board staff or obtainment of Southern Workforce Board approval. After Board review and determination, board staff will notify staff and One Stop Operator of approval/disapproval of the potential training provider:

1. Identify and/or describe the individual’s multiple barriers to employment.
2. Obtain the name, address, telephone number and contact name of the training institution, CBO or private organization that provides such training services.
3. Obtain a signed audit statement or financial record from the entity that describes the financial stability of their entity.
4. Obtain performance data from the entity for the following:
 - Program completion rate
 - Attainment of skills
 - Certificates or degrees the program is designed to provide
 - Placement rates (post-training in unsubsidized employment)
 - Retention in unsubsidized employment

Customer Choice

Training services will be provided in a manner which maximizes informed customer choice in selecting an eligible training service provider in accordance with the goals and objectives outlined in the client’s Individual Employment Plan (IEP) or Individual Service Strategy (ISS). Service Provider staff will provide individuals with labor market information that includes demand occupations, the state list of certified training providers, and any available consumer reports indicating the performance of training providers. If known, information identifying eligible providers of on-the-job training and customized training will also be made available. Customers will then be able to make an informed choice about their training service program.

In some cases, an individual may select an occupation in which the provider does not conduct training, there is no labor market demand, or there is other rationale for not providing training in the chosen occupation. A review may be conducted of that occupation’s cluster and a related occupation may be jointly agreed to if the provider conducts training in that occupation. If individuals are not satisfied with the occupation, they may be directed to the resource room, where other financial aid may be researched for their chosen occupation. Documentation of this action must be provided in the “Program Notes” field of the OSL Employment Plan.

Coordination of ITAs with other Grant Assistance

General

Funding for training is limited by WIOA Section 134(c)(3)(B) to individuals who are:

- Unable to obtain grant assistance from other sources to pay the costs of their training; or
- Require assistance beyond that available under grant assistance from other sources to pay the costs of such training, including Federal Pell Grants.

The availability of Pell Grants and all other available sources of financial assistance, including other Federal programs but excluding loans, 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. To avoid duplicate payment of costs when an individual is eligible for both WIOA and other assistance, coordination with entities administering alternate sources of funds, including eligible training providers administering Pell Grants must occur. The Coordination of Training Funds form (Attachment 1) will be used to provide the documentation of coordination between the service provider and entities administering alternate sources of funds, and the eligible training provider. The Coordination of Training Funds form must be completed by a financial aid officer (or those personnel who perform those duties), before WIOA training is approved. All financial resources, excluding loans, including WIOA funds (training and supportive service funds) cannot exceed the total cost of attendance as indicated on this form. A new Coordination of Training Funds form is required each time a new voucher is issued or annually whichever is most appropriate for the type of training institution.

Entities administering alternate sources of funds, and eligible training providers are responsible for ensuring and so documenting that tuition-specific awards from all other sources have been applied to the tuition/fees costs first. This comprehensive coordination of available funds will make sure there is no duplication of payments.

The exact mix of funds should be determined based on availability of funding for either training costs or supportive services, with the goal of ensuring costs of the training program the participant selects are fully paid and that necessary supportive services are available so that the training can be completed successfully. This determination should focus on the needs of the participant. There are three caveats:

- WIOA funds for training services are limited to instances when there is no or inadequate grant assistance from other sources;
- Participation in a training program funded under WIOA may not be conditioned on applying for or using a loan to help finance training costs.
- Duplicate payments of costs when an individual is eligible for both WIOA and other assistance (including Pell grants) must be avoided.

Section 134(c)(3)(B)(ii) permits a WIOA participant to enroll in an eligible training program with WIOA funds while an application for Pell Grant funds is pending. However, pursuant to 20 CFR Part 675 § 680.230 prior arrangements with the eligible training provider and the WIOA participant regarding allocation of the Pell Grant, if it is subsequently awarded. If the Pell Grant is awarded, the fiscal agent must be reimbursed for WIOA funds previously used to underwrite training for the amount the Pell Grant covers. This is to ensure non-duplication of payments. Pursuant to—C 680.230 since Pell Grants are intended to provide for both tuition and other education-related costs, only the education fees the training provider charges to attend the

training is subject to reimbursement. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses. Therefore, the exact mix of all available funding (including Pell Grants and WIOA program resources) should be constructed with the goal of ensuring that the costs of the approved training program the participant selects are fully paid without duplication and that necessary supportive services are available so the training may be completed successfully.

WIOA Title I service providers are required to document in case management notes and the Coordination of Training Funds form the mix of funds utilized for financing of training services. This form, as signed by the financial aid officer and participant, will record the participant training-related financial assistance needs and the mix of funding assistance. Participant signature may not be required if the educational entity provides the COTF without it.

As noted in the WIOA Adult and Dislocated Worker Service Delivery Policies, participant application for Pell Grants is required as part of the training services pre-requisite.

All available Federal, State and local resources must be coordinated sufficiently to meet the **training required** costs of services, so that the participant can afford to successfully complete the agreed-upon program of training services. Prior to enrollment in any training program – the Service Provider staff are required to provide to the customer the appropriate application forms, and any assistance needed to complete and submit the forms. The application forms are accessible online at www.FAFSA.ed.gov.

WIOA participants are not required to apply for, or access student loans, or incur personal debt as a condition of participation. However, the participant may incur personal debt when agreed to and after counseling regarding the responsibilities associated with the indebtedness, including loan repayment. Such counseling should be recorded in the participant's Individual Employment Plan (IEP).

In addition, all participants requesting an ITA must complete the Authorization for Request and Release of Confidential Information form (Attachment 6) to ensure release of financial aid information by the post-secondary school.

ITA Policy

The ITA Policy, as established by the Southern Workforce Board must be complied with at all times. It is the ultimate responsibility of the WIOA Title I service provider to ensure that each element of the ITA policy is followed and adhered to. The WIOA Title I service provider shall also ensure that no individual will be excluded from participation in the ITA program for reasons of age, race, color, sex, disability, religion, national origin, or political affiliation or belief. All policies and procedures will comply with Federal and State laws prohibiting discrimination of any kind.

1. Participants will have a maximum of two (2) years to complete a training services program as described in this policy and as described in his/her Individual Employment Plan. Limited exceptions may be approved by the Executive Director on a case-by-case basis.
2. Participants identified to be in need of literacy or remedial development courses should have 365 days to complete these courses successfully, prior to enrollment in an occupation training program. Failure to do so may result in the revocation of the participant's ITA. Limited

exceptions may be approved by the Executive Director on a case-by-case basis. This **must be documented in the participant's Individual Employment Plan (IEP).**

3. Participants must conduct occupational and/or career exploration prior to occupational training. Approved assessments may include, but are not limited to: MyNextMove, ACT-WorkKeys, Self-Directed Search (SDS), Career Key or OK-CIS assessments. Each WIOA participant must complete, and adequately score a level that will allow for the successful completion of his or her selected occupation. This process and the outcomes **must be documented in the participant's Individual Employment Plan (IEP) or Individual Service Strategy (ISS).**
4. Participants must maintain attendance in accordance with the financial institution's criteria and demonstrate achievement of a 2.0 Grade Point Average (GPA) or comparable level of success for each semester or training period. Failure to do so may result in the revocation of the participant's ITA. Limited exceptions may be approved by the Executive Director.
5. Individual Training Accounts (ITA) will have a cost limitation (cumulative training expenditures/obligations) of a maximum of \$12,000. This includes all training and training-related costs such as tuition, training provider fees, books, uniforms, equipment, tools, etc. **required** for the successful participation and completion of the training. (Note: Items such as mileage, tires, and end-of-instruction licensing fees and other related expenses are considered supportive services and not part of the ITA)
6. ITAs are to supplement other sources of training grants. ITAs must be coordinated with other available training funds. WIOA Service Provider must make funding arrangements with One Stop partners and other entities to pay for training costs, such as state funded training programs, federal training funds and Federal Pell grants.
7. Individual Training Accounts (ITA) will be established for each individual participant at an amount that is appropriate for his/her training program. This includes the costs for the training and training-related costs specifically required by the eligible training provider for the approved program and paid to the eligible training provider. Eligible training providers are the only entities that receive an ITA for a **two (2) year maximum time frame for his/her particular training program.** The service provider 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. The ITA may be modified to include approved training program price increases but in no circumstance go over the \$12,000 maximum amount.
8. Individual Training Accounts (ITA) have an expiration date of two (2) years from the date of issuance/effective date. Renewals may be granted under limited circumstances with approval from the Executive Director.
9. Additional ITAs for any participant will not be allowed without the approval from the Executive Director. The request must be submitted in writing and contain extensive documentation and justification.

10. The ITA Training Agreement must be reviewed jointly by the WIOA service provider and participant and **signed by the participant** to ensure that he/she understands his/her obligations, requirements and conditions for acceptance of an ITA.
11. Only training providers that are on the list of eligible providers are able to redeem ITAs for payment. The Southern Workforce Board will disburse payments from ITAs in a variety of ways, including the electronic transfer of funds, 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 program or course.
12. ITA's should not be utilized for TAA occupation skills training.

The Individual Training Account (ITA) Request, Needs Determination and Tracking

A participant's Individual Training Account (ITA) will be established according to the information provided on the attached **Form** and as based upon his/her individual needs as identified through the **Financial Assessment/Unmet Need Worksheet**. The service provider and participant will conduct a review of the WIOA financial assessment prior to each semester, quarter, trimester or other program term in order to determine any changes in financial needs for the WIOA ITA participant. The new Financial Assessment Form must be completed jointly and submitted to the service provider staff for review of any changes to his/her ITA.

It is the ultimate responsibility of the WIOA Title I service provider to ensure that the adult or dislocated worker is eligible to receive training services and establish an ITA. Each ITA will have a **beginning balance equivalent to his/her two (2) year training program costs of tuition** with a maximum of \$12,000. This balance must be the first line item as noted on the **WIOA Individual Training Account Tracker** form.

Service provider are required to track and continually update each participant's ITA information and balance even though the- fiscal agent will also conduct financial tracking. The **ITA Tracking Form** must be completed in its entirety and submitted to administrative staff. It is imperative that the Board staff, administrators, service provider and participant be able to know the ITA balance of participants at any given time.

Each participant is also required to sign and date an ITA Training Agreement so he/she will be fully aware of his training period and participation requirements. It is extremely important that the service provider ensure that each participant takes the time to read and understand the ITA Training Agreement prior to obtaining his/her signature.

INDIVIDUAL EMPLOYMENT PLAN (IEP)

Each participant must comply with the Adult and Dislocated Worker Service Delivery Policy, which includes descriptions for receipt of assessment, counseling, and the development of an Individual Employment Plan (IEP) through services prior to selecting a training program.

The Service Provider must also make available a copy of the Board approved demand skill sets and demand occupations/declining occupations list to the participant.

Participants must conduct occupational and/or career exploration prior to occupational training. Approved assessments may include, but are not limited to: MyNextMove, ACT-WorkKeys, Key Train Pre Assessment, Self-Directed Search (SDS), or OK-CIS assessments. Each WIOA participant must complete, and adequately score a level that will allow for the successful completion of his or her selected occupation. This process and the outcomes **must be documented in the participant's Individual Employment Plan (IEP).**

Attachments

1. Coordination of Training Funds
2. PO/Request for Training
3. ITA Training Agreement

COORDINATION OF TRAINING FUNDS

SECTION I

To: Financial Aid Office
 Attention: _____
 School: _____
 Fax or E-mail Address: _____
 Participant Name: _____

From: Dynamic Workforce Solutions
 Attention: _____
 Fax or Email Address: _____
 ID Number: _____

I hereby authorize the exchange of information between the WIOA Case Manager and the Financial Aid Office of 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

COST OF ATTENDANCE*

Tuition and Fees \$ _____
 Books, Supplies and Tools \$ _____
 Uniforms \$ _____

OTHER LIVING EXPENSES**

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
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 \$ _____

Total Cost of Attendance \$ _____ minus Student's Total Financial Aid \$ _____ equals Unmet Financial Need \$ _____

By signing below, the financial aid officer (or those personnel who perform those duties) agrees to inform the local WIOA program operator of the amounts and dispositions of financial aid to each participant awarded after the enrollment of the participant, as part of a continuing, regular information share process.

 Financial Aid Officer Date

*As defined by the Higher Education Act Sec. 472

**Other Living Expenses may include transportation, room and board, utilities, dependent care, disability expenses, food, medical care, insurance, etc.

SECTION III (The following section is to be completed by the WIOA Case Manager)

After review of partner agencies, other social service agencies, and other community resources, I have determined that WIOA Funds must be used in the mix of available resources. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

 WIOA Title I Representative Signature - Date

"Equal Opportunity Employer (EOE)/Program" / "Auxiliary Aids and Services Are Available upon Request to Individuals with Disabilities."

BABEL NOTICE (29 CFR § 38.9(g)(3)):

This document contains vital information. If English is not your preferred language, contact Sherry Latham 1414 E Wade Watts Ave, McAlester, Ok 74501 (918)423-6830 to obtain translation and/or interpretation services for the content of this document.

Southern Workforce Board, Inc.

PO Form-Training

Date:	Funding Program: WIOA -	Purchase Order No:
Payable to - Vendor Information:		Inquiries/Invoice To:
Name/Payee:		Name: Southern Workforce Board, Inc.
Attn:		Attn: Gail Armstrong
Mailing Address:		Address: P.O. Box 744
City/State/Zip:		City/State/Zip: Durant, OK 74702
Phone:		Phone: 580-745-5397
Email (required):	-	Email: garmstrong@swb-ok.com
Payment Method:		Other notes:
<input type="checkbox"/> Check		
DESCRIPTION		AMOUNT
ITA Training Expense Requested:		
Tuition costs:		
Fees (describe):		
Books (describe):		
Other (must describe or attach list):		
Client Name:		PID:
		Eligibility Date:
Occupational Goal:		County:
Activity Dates: Begin:		to End:
		Sub-total
		\$ -
		Tax Rate
		\$ -
		Shipping
		\$ -
		Total
		\$ -
FOR ACCOUNTING USE ONLY		
Approved by: Fiscal Officer		Date
Request Payment Signature		Date Requested

Client Certification:
 I certify that I have read this request, or that it has been read to me. I certify that I fully understand that this request is based on information provided to my WIOA Representative(s) and/or information contained in my Individual Employment Plan and that I have provided complete and accurate information concerning my income and my needs. I further certify that I understand that the payment for these expenses, if approved, can be discontinued at any time should funds no longer be available, or if I should not comply with my Individual Employment Plan or ITA Training Agreement.

WIOA Title I Participant's Sign - _____ Date _____ WIOA Title I Rep Sign - _____ Date _____

Required Attachment Checklist:

<input type="checkbox"/> COTF		
<input type="checkbox"/> ITA Agreement/Tracker	OR	<input type="checkbox"/> Youth Training Procurement
<input type="checkbox"/> Individual Training Voucher Form		Lead Navigator Review Signature _____ Date _____
<input type="checkbox"/> Enrollment Verification/Class Schedule		
<input type="checkbox"/> Demand Occupation List		
<input type="checkbox"/> Eligible Training Provider List (N/A if Youth Training Procurement)		Authorized Approval Signature _____ Date _____

"Equal Opportunity Employer (EOE)/Program" / "Auxiliary Aids and Services Are Available upon Request to Individuals with Disabilities."
 BABEL NOTICE (29 CFR § 38.9(g)(3)) SWB Revised: 3/2019
 This document contains vital information. If English is not your preferred language, contact One Stop Operator, 1414 E Wade Watts Ave, McAlester, Ok 74501 (918)423-6830 to obtain translation and/or interpretation services for the content of this document.

Individual Training Account (ITA) Agreement

Participant: _____ **PID #:** _____ **County # & Name:** _____
ITA Start Date: _____ **ITA End Date:** _____ **ITA Amount:** \$ _____ -
Training Provider: _____ **Funding Program:** Adult
Demand Occupation: _____ DLW
 OSY

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 insure 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 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 the 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 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.

_____ Date
 ITA Participant's Signature -

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

_____ Date
 WIOA Service Provider's Signature -

OWDI #06-2016

SOUTHERN WORKFORCE BOARD, INC. - WIOA Title I - ITA Tracker

NOTE: Each WIOA Adult, Dislocated Worker, and Out-of-School Youth may establish an ITA not to exceed \$10,000 for financial assistance with required training expenses (tuition, books, fees, tools, etc.). The ITA is good for a maximum of two (2) years and may not be renewed or extended without the prior approval of the Executive Director.

<u>DATE</u>	<u>AMOUNT</u>	<u>BALANCE</u>
1/0/1900	Initial ITA Amt	\$ _____ -

"Equal Opportunity Employer (EOE)/Program" / "Auxiliary Aids and Services Are Available upon Request to Individuals with Disabilities."

BABEL NOTICE (29 CFR § 38.9(g)(3)):

SWB 10-2018

This document contains vital information. If English is not your preferred language, contact Sherry Latham 1414 E Wade Watts Ave, McAlester, Ok 74501 (918)423-6830 to obtain translation and/or interpretation services for the content of this document.