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| **ITA Number:** |  | **Local Workforce Development Area:** |  |

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| **Participant Information** | | | |
| **Participant:** |  | **Last 4 SSN:** |  |
| **Address:** |  | **City, State Zip** |  |
| **Phone:** |  | **Title I Program:** |  |

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| **Training Provider Information** | | | |
| **Training Provider:** |  | | |
| **Training Program:** |  | | |
| **Training program verified as approved on Iowa’s Eligible Training Provider List?** | | |  |
| **Address:** |  | **Phone:** |  |
| **Resulting Credential:** |  | **Program Start/End Date:** |  |

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| **Authorization** | | | | | |
| **Authorized Term:** | Fall: \_\_\_\_\_\_\_\_\_\_ | Spring: \_\_\_\_\_\_\_\_\_\_ | Summer: \_\_\_\_\_\_\_\_\_ | Full Year: \_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_ |
| **Authorized Distribution:** | * Tuition * Fees * Books * Other: \_\_\_\_\_\_\_\_\_ | * Tuition * Fees * Books * Other: \_\_\_\_\_\_\_\_\_ | * Tuition * Fees * Books * Other: \_\_\_\_\_\_\_\_\_ | * Tuition * Fees * Books * Other: \_\_\_\_\_\_\_\_\_ | * Tuition * Fees * Books * Other: \_\_\_\_\_\_\_\_\_ |
| **The above participant is awarded an ITA through WIOA Title I in the amount of:** | | | | |  |
| **Payment Method: (ITA, documentation of training costs & proof of purchase must be uploaded into IowaWORKS)** | | | | |  |

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| **ITA Agreement** |
| 1. This ITA is contingent on the availability of funds and continued authorization for program activities.The Local Workforce Development Board (LWDB) or their contracted service provider may rescind this ITA immediately, in whole or in part, due to the lack of funds or authorization. 2. ITAs will only be awarded to WIOA participants who are unable to obtain grant assistance from other sources to pay for the cost of training or require WIOA assistance in addition to other sources. 3. The LWDB or their contracted service provider are not responsible for any remaining student balance. 4. ITAs will only be issued for programs approved on the Eligible Training Provider List. 5. The ITA may only be used to support the qualified training costs of the individual named on the account and is not transferable. 6. Training costs incurred prior to ITA approval may not be approved for payment. 7. The training provider must follow their established refund policy and refund Title I monies to the LWDB should the participant discontinue training. 8. At the request of the LWDB or their contracted service provider, and with written approval of the participant, the training provider will provide the LWDB or their contracted service provider with financial aid information, billing statements, class schedules, attendance reports, grades, and certificate completion. |

**Authorized Signatures**

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| **LWDB or Contracted Service Provider Name / Title** |  | **Training Provider Name / Title** |
|  |  |  |
| **Signature** |  | **Signature** |
|  |  |  |
| **Date** |  | **Date** |