CAPE FEAR COUNCIL OF GOVERNMENTS

cape fear
Workforce Development Consortium
Success Through Partnership

Cape Fear Local Policy No. P-WDB-007-2018

Subject: **CFWDB Individual Training Account (ITA) Policy**

Purpose: The purpose of this policy is to ensure consistency in the awarding of Workforce Innovation and Opportunity Act (WIOA) funded Individual Training Accounts (ITA) throughout the Cape Fear Workforce Development Consortium.

Policy: **Eligibility:** Eligible Adults and Dislocated Workers, and Youth who have been determined to need training, may access training with an ITA. The ITA is established on behalf of a participant in an area linked to occupations in demand in the Cape Fear Local Area, and with a training provider that has received approval from the Cape Fear Workforce Development Board.

Allowable Costs: An ITA may only be used to pay the following training related expenses: tuition, books, fees, and supplies.

Limitations:

- Cannot exceed three (3) years (exceptions will be approved on a case by case basis).
- Only four total semesters will be funded.
- Maximum amount: $8,000 ($4,000 per year).
- Area of training must be consistent with the Cape Fear labor market demand and approved by the Cape Fear Workforce Development Board staff.
- Training provider must be listed on the Cape Fear Workforce Development Consortium or the statewide list of eligible training providers.

Background: The Cape Fear Workforce Development Consortium, through the Workforce Innovation and Opportunity Act (WIOA) may establish an Individual Training Account (ITA) (voucher) for participants. These vouchers are designed to serve eligible Cape Fear Local Area residents residing in the counties of Brunswick, Columbus, New Hanover and Pender, who have, after receiving counseling, career advising and job search assistance, been assessed as needing training which can be secured through an approved training provider.

ACTION: The following conditions apply to the implementation of an ITA in the Cape Fear Local Area.

- Each customer must complete career advising, and have been assessed to determine the appropriateness of occupational specific training and the appropriateness of the customer's job goal based on the Cape Fear labor market.

- The Career Adviser will verify that the customer is not in default on a student loan.
- The Career Adviser and customer shall review and discuss his/her budget, financial needs, and resources to determine the feasibility of making a commitment to training.
- With the exception of those customers seeking training for skills upgrades, the customer must be formally accepted by the training institution. Individuals enrolled into training must not require more than one (1) semester of developmental courses.
- ITAs will be issued on a semester basis and are dependent on the availability of funds. (Funding for individual students may be projected on a longer-term basis; for example, funding for training may be projected for the maximum period of time allowed for the individual to complete the course of study. However, this is for planning purposes only).
- Six (6) semesters will be the maximum time allowed for course completion. The case manager will review the progress of assigned students each semester to assure that students are able to complete training within the allowed time.
- The case manager must explain to each customer that students must maintain a 'C' average in order to continue to receive WIOA funding.
- If a student's grades fall below the required average, he/she will only be allowed to continue in the curriculum program for one (1) probationary semester. The career adviser must use the participant's Individual Service Strategy (ISS) and Individual Employment Plan (IEP) to document the action planned to correct the student's performance.
- Prior to dropping a course, each student must obtain approval from the career adviser. An updated to the IEP/ISS that reflects how the student will remain on schedule with the curriculum's course work.
- As part of the Integrated Services Delivery System, ITA approval rests with the contracted service provider.
- Expenditure reports will be provided to the Workforce Director and Finance Director on a monthly basis.

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The Individual Training Account as issued by Cape Fear Local Area service providers is designed to lead to an Associates' degree, a certificate, etc. The issuance of an ITA does not preclude an individual from earning a Bachelor's or other degree. However, the limitations as outlined in this document will apply

Effective Date: April 20, 2018

Expiration Date: Indefinite

Contact: Cape Fear Workforce Development Director

Distribution: CFWDB WIOA Providers
CFWDB Staff
NC Division of Workforce Solutions

Attachments: **Attachment A: F-WDB-010-2018 ITA Financial Award Analysis**
Attachment B: F-WDB-011-2018 ITA Training Authorization Voucher

ATTACHMENT

"A"

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CFWDB Form No. F-WDB-010-2018

ITA FINANCIAL AWARD ANALYSIS

(TO BE COMPLETED BY THE TRAINING PROVIDER AND THE WIOA SERVICE PROVIDER)

TRAINING PROVIDER: _____

WIOA Customer:	SS#:	Telephone #:
Training Start Date:	Training End Date:	
Name(s) / Type(s) Of Training:	No. Of Semesters / Quarters:	
Training Provider Contact Person:	Telephone #:	Fax #:

TRAINING ITEMS	FUND ASSIGNMENTS (#1-4 UNDER FUNDING SOURCES)	COSTS PER SEMESTER OR QUARTER	NUMBER OF SEMESTERS OR QUARTERS	TOTAL COST OF TRAINING SERVICES
Application / Registration				
Tuition				
Books/ Supplies				
Shop/Clinic/Lab Fees /Uniforms				
Physicals				
Licenses / Permits				
Parking Fees				
Student Activity Fees				
Transportation				
Child Care Cost				
Other Required Cost (specify)				
Other Required Cost (specify				
TOTAL PROJECTED COST OF TRAINING				

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AVAILABLE FUNDING SOURCES *(Documentation must be attached)*	AID PER SEMESTER OR QUARTER	NUMBER OF SEMESTERS OR QUARTERS	TOTAL AVAILABLE RESOURCES
1. Federal Pell Grant *(attach SAR, etc.)*			
2. Scholarships/Grants/Other Financial Aid ***(attach award/denial letters)***			
3. **Other Sources** *(specify)*			
4. **Vocational Rehabilitation/Social Services**			
5. **TOTAL NON – WIOA AVAILABLE RESOURCES**			
6. **NEEDED/ REQUESTED** WIOA TRAINING RESOURCES			
7. **ADDITIONAL RESOURCES NEEDED** *(this should be a zero balance)* →			

I authorize and consent to the release and exchange of confidential information to the WIOA service provider and the training provider.

SIGNATURES:

WIOA Customer **DATE**

Financial Aide Officer ***DATE***

Career Adviser ***DATE***

ATTACHMENT

"B"

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CFWDB Form No. F-WDB-011-2018

ITA Training Authorization Voucher

Voucher Control Number:

WIOA Customer: _____

Social Security #: _____ Expected Completion Date: _____

Approved Area of Training: _____

WIOA Contractor	Training Provider
Agency:	Agency:
Address:	Address:
Contact Person:	Contact Person:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
E-mail Address:	E-mail Address:

Approved Services	Amounts
Application/Registration Fee	
Tuition	
Books (required)	
Fees (specify)	
Supplies (specify)	
Other (specify)	
TOTAL	

THIS VOUCHER IS APPROVED AND ISSUED BY:

_____

Case Manager/Date

_____

WIOA Manager/Date

The above named individual has been determined eligible and is being referred for training services. To redeem this voucher the training provider must submit an invoice with supporting documentation at the end of each semester/quarter. **Please forward all invoices to the WIOA Contractor listed above.**