Program Year: July 1st, 2022 - June 30th, 2023

Institution Name: _____

Training Provider Address: _____

Contact Name and Title: _____

Contact Phone: _____   Contact Email: _____

Program / Course Information   (Attach a separate "Program Description" for each program)

Program / Course Name: _____

Description of the program:

<div style="border:1px solid black; height:180px"></div>

Occupation Title: _____

CIP Code (6-digit): _____   https://www.onetonline.org/crosswalk/CIP

The program has the following potential outcomes (select all that apply):

- [ ] An industry-recognized certificate-certification
- [ ] A certificate of completion of an apprenticeship
- [ ] A license recognized by the state involved or the federal government
- [ ] An Associate Degree
- [ ] A Baccalaureate Degree
- [ ] A community college certificate of completion
- [ ] A secondary school diploma or its equivalent
- [ ] Employment
- [ ] Measurable skills gain leading to a credential
- [ ] Measurable skills gain leading to employment

Name of Associated Credential: _____

Completion level of program (i.e., post-secondary credential, AS, BS, etc.): _____

Credential Type Received (i.e., Occupational Skills Certificate, AS degree, etc.): _____

Was the training developed in partnership/collaboration with a business or industry? _____

   If yes, identify the business or industry: _____

Financial Aid Available:
☐ Pell Grant ☐ Federal Loan ☐ School Scholarship ☐ Other _____

Required Program Pre-Requisites (check all that apply):
☐ High School Diploma ☐ Associates Degree ☐ Bachelor's Degree

Course requirements (list courses):

[text box]

Basic Skills (grade level required): Reading _____ Math _____ Language _____

Program SOC Code (6-digit): _____ https://www.onetonline.org/crosswalk/OOH

Is the occupation SOC Code listed on the Local Targeted Occupation List (RTOL)?
☐ Yes ☐ No

Is this a credit bearing program / course?
☐ Yes ☐ No

Is the program accredited?
☐ Yes ☐ No If yes, by whom_____

Can the credential be stacked with other credentials as part of a sequence to move an individual along a career pathway or up a career ladder?
☐ Yes ☐ No

Graduation Rate: _____ Placement Rate: _____ Average Wage at Placement: _____

Program Length: Full time Weeks: _____ Credit Hours: _____ or Clock Hours: _____

Program Format:
☐ In Person ☐ Online, E-Learning or Distance Learning ☐ Hybrid or Blended Program

Program Mode of Delivery (check all that apply):
☐ Classroom ☐ Online ☐ Broadcast ☐ Correspondence ☐ Computer based

Training Locations (provide address of all locations where the program is provided):
Address #1:

[text box]

Address #2:

[text box]

Address # 3:

[text box]

Estimated Total Cost to Complete Program

Workforce Innovation and Opportunity Act (WIOA) funds for approved Individual Training Account (ITA) Scholarships can only be expended to support Tuition, Books, required Tools/Supplies and Fees that are billed directly by the Training Provider or a Third-Party Vendor. Therefore, please specify the amount of the Total Program Cost per student for each category below:

Program / Course Name: _____

Total Program ITA Scholarship Voucher Costs *(Billed by Training Provider)***:**

_____ TUITION
_____ APPLICATION FEES
_____ CERTIFICATION FEES
_____ SCREENING FEES (assessments, health screening, background, etc.)
_____ UNIFORMS (please provide at minimum an estimate of the costs)
_____ OTHER FEES (lab fees, graduation fees, etc.)
_____ **Sub Total**

_____ BOOKS (please provide at minimum an estimate of the costs)
_____ TOOLS/SUPPLIES

_____ **Total ITA Scholarship Voucher Amount**

Total Program Other- Required Costs Incurred by the Student Include:
Books, Uniforms, Fees, etc. *(Billed by Third-Party Vendors)***:**

_____ FEE FOR (specify) _____
_____ FEE FOR (specify) _____
_____ FEE FOR (specify) _____
_____ FEE FOR (specify) _____
_____ FEE FOR (specify) _____
_____ **Total Other Costs**

_____ **Total Estimated Cost to Complete Program**

Additional Program / Course Information

NOTE: Those training providers who have reported any of the information below to FETPIP may utilize FETPIP information in their applications.

Program / Course Name: _____

Is this a new program, offered less than one year? ☐ Yes ☐ No

    If yes, what is the actual (or anticipated) start date of the program? _____

(For new programs, use projections below as applicable)

_____   Total number of students enrolled in the program

_____   Total number of workforce-sponsored participants enrolled in the program

_____   Total number of students completing the program this year

_____   Total number of workforce-sponsored participants completing the program this year

_____   Total number of students awarded a credential

_____   Total number of workforce-sponsored participants awarded a credential

_____   Total number of students employed (unsubsidized) after program completion

_____   Total number of workforce-sponsored participants employed (unsubsidized) after completion

Description of how the provider will ensure access to training services programs throughout the State, including in rural areas, and through the use of technology (if applicable):

Description of how the training services programs serve individuals who are employed and individuals with barriers to employment.