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:

[ ]

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):

[ ]

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:

[ ]

Address #2:

[ ]

Address # 3:

[ ]

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**	