

**INDIVIDUAL TRAINING AUTHORIZATION**

SUB-RECIPIENT:			
CONTRACT TITLE:			
PARTICIPANT NAME:		USER ID:	

PROGRAM ELIGIBILITY:            ADULT            DW            OSY            OTHER \_\_\_\_\_

TRAINING PROVIDER: \_\_\_\_\_

CLASS NAME: \_\_\_\_\_  
(must match ETPL)

START DATE:		EST. END DATE:		TOTAL HOURS:	
HOURS/WEEK:		DAYS/WEEK:		NO. OF WEEKS	
ONET TITLE:					
NAICS:					
TARGETED SECTOR:					

TUITION (cannot exceed WC's ETPL price):		---	\$
AID (PELL grant, CEP, scholarship, etc.):		(LESS)	\$
<b>TOTAL WIOA COST (MINUS AID)</b>			<b>\$</b>

**PARTICIPANT/STUDENT RESPONSIBILITIES:** Failure to comply may result in termination of training. Participant has read and clearly understands the terms of training.

- I agree to apply for Pell Grant assistance, if available, through the training provider and to provide required information to the financial aid officer or WIOA case manager in a timely manner. I understand that the amount authorized by the WIOA program is subject to deduction of any grants, scholarships or other non-WIOA funding contributing to any training costs.
- I agree to attend and actively participate in training and abide by the training provider's rules and regulations.
- I hereby authorize the release of my attendance records, progress reports, transcripts and certificate of completion to the WIOA sub-recipient.
- I agree to notify my WIOA case manager immediately if I am unable to continue training for any reason. In the event that I am unable to complete I will return any training materials (e.g., books, tools, equipment) purchased with WIOA funds to the WIOA sub-recipient upon request.

\_\_\_\_\_  
WIOA Participant Signature

\_\_\_\_\_  
Date

This form authorizes WIOA Title I funds to be used to provide training by the above named provider for the course listed above at the listed price. The training provider agrees to abide by all the terms and conditions. WC will pay 50% of the WIOA funded training at the beginning of the training period, and the remaining amount once the participant has completed at least 60% of the training. **The training institution agrees to forward reports of the trainee's progress and attendance at a minimum of every thirty (30) days and a certificate of completion or credential, if applicable, to the WIOA sub-recipient.** If training should be interrupted for any reason the training institution will notify sub-recipient immediately.

**Refunds: Please refer to the training provider's refund policy which can be found on WC's ETPL.**

\_\_\_\_\_  
Sub-Recipient Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Provider Authorized Signature

\_\_\_\_\_  
Date

*The signature below indicates that WC has authorized WIOA funds to be released upon receipt of invoice and W-9 from the training provider. ITAs not authorized by WC in advance of the training start date will not be reimbursed.*

\_\_\_\_\_  
Workforce Connections Authorized Signature

\_\_\_\_\_  
Date