



Ohio Valley Employment Resource
 PO Box 181
 Marietta, OH 45750
www.omj15.com



Serving Monroe, Morgan, Noble & Washington Counties Since 2000

Individual Training Account Agreement

Name _____ WIOA Program _____ Begin Date _____ End Date _____

School _____ Field of Study _____

Training Period(s)>>>>					Yearly Total
Expenses					
Tuition					0
Fees					0
Required Books					0
Required Supplies					0
Tests					0
Tools					0
Uniforms					0
Transportation					0
Child Care					0
Other:					0
Other:					0
Total Expenses	0	0	0	0	0

Funding					
PELL					0
WIOA					0
Grant:					0
Grant:					0
Other:					0
Other:					0
Total funding	0	0	0	0	0
Balance	0	0	0	0	0

I understand that this is an estimate based on information I have provided. I have submitted all known financial aid and/or other resources I have or am planning to have to assist with my education. I also understand that **I am required to inform my WIOA contact of any change** and that **my funding is subject to change if I fail to adhere to the policies of any or all of those sources**. I further understand **WIOA funding is contingent upon grant allocations and contracts**.

Participant Signature _____

Date _____

Staff _____

Date _____



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WIOA Individual Classroom Training Agreement Signature Sheet

This Agreement shall be effective beginning _____ ending _____
NO CHANGES ARE ALLOWED TO THE AGREEMENT WITHOUT WRITTEN ACKNOWLEDGEMENT BY ALL.

Participant Certification

I have been informed of my responsibilities as a Workforce Innovation and Opportunity Act (WIOA) participant and will abide by the participant ion requirements set forth by the WIOA program operator. I understand that my failure to comply with these requirements may subject me to termination from the program as a WIOA participant. I have signed the Individual Training Account (ITA) policy, and I understand that my failure to comply with these requirements may subject me to the termination of my ITA. I will submit attendance sheets to verify attendance and to review supportive services, as applicable. I agree to apply for all sources of financial aid such as PELL grants. I understand I am not required to apply for student loans or incur other debts to pay for my training costs. I understand that any training balance costs paid by WIOA funds through my ITA are subject to approval by the WIOA program operator, my ITA limit, the availability of WIOA funds, and my compliance with WIOA and ITA policy. I understand that any of my training incurred prior to my WIOA approval date cannot be paid by WIOA funds. I authorize the training provider and the WIOA program staff to exchange information as it relates to my training and WIOA participation. I agree to notify the Training Provider and WIOA Program Operator immediately if I withdraw from training and when I complete training.

Training Provider Certification

I, as an authorized representative of the Training Provider, agree to provide training services to the Participant per this Training Agreement. We agree to the terms of this Agreement and to the payment of expenses stated in the Individual Training Account/Educational Expense Profile, we will make no modifications or changes without prior written approval of the WIOA Program. Our institution will abide by the terms and conditions established by the State of Ohio's Eligible Training Provider Policy. I agree to make all sources of financial aid available to the participant and to assist in coordinating the application of the financial aid to the participant's training cost. I understand the participant is not required to apply for or assume a student loan. I understand the payment of any unpaid training balance by WIOA funds is subject to the participant's ITA limit, the participant's compliance with WIOA and ITA requirements, the availability of WIOA funds, and the approval of costs by the WIOA Program operator. I acknowledge that the WIOA Program Operator is not responsible for the participant's training costs incurred prior to the WIOA eligibility date. I agree to notify the WIOA Program in a timely manner when the participant withdraws from training or completes training.

County Program Operator Certification

I, as an authorized representative of the WIOA program, agree to provide services to participant and training provider per this Training Agreement. Subject to the participant's ITA limit, the participant's compliance with WIOA and ITA requirements, the availability of WIOA funds, and the approval of costs listed on the Individual Training Account, this program operator will pay for the unpaid training balance listed on page 1. I agree to notify the Training Provider in a timely manner when the participant withdraws from training or completes training.
