



All **program requests** must be submitted to the Atlanta Regional Workforce Development Board on the following **Individual Training Account Additional Program and Program Change Request Form**. No program will be considered unless all the information and documentation is submitted in its entirety. These programs would have to meet all the normal criteria for consideration and would have to have been authorized by NPEC or other authorizing agency prior to consideration.

No new program will be considered without recent performance information on a minimum of ten (10) students per program.

A form for each program must be submitted separately. In addition, a listing of text books with corresponding ISBN# must be submitted along with this form or your request will not be processed.

Program Cost and Duration as Published for the General Public. Please note WIOA discount, if applicable. **Please note ways WIOA student will pay for balance if over WIOA limit.**

The form can be completed and submitted to:

workforce@atlantaregional.com

or mailed to:

Atlanta Regional Commission, WFS Division
International Tower
229 Peachtree Street NE / Suite 100
Atlanta, GA 30303

No Fax Copies will be processed due to possible print quality issues.

All program changes are subject to the Quarterly Metro Atlanta ITA Work Group review and notification of committee recommendations will be provided in writing following the meeting.

Program changes must be submitted 10 business days prior to the ITA Committee Meeting.

2020 tentative committee meeting schedule is: January 30th, April 23rd, July 23rd, and October 15th.

INDIVIDUAL TRAINING ACCOUNT (ITA) ADDITIONAL PROGRAM AND PROGRAM CHANGE REQUEST FORM

Please Check One
(Submit a program form in its entirety for each program)

- Additional Program** (Existing provider adding a new program)
 Program Change (Revision to current program)

Provider Name		EIN/TAX ID#

Address

City, State, Zip

County

Website (URL)

Accreditation/ Authorization	NPEC <input type="checkbox"/> <i>Georgia Nonpublic Postsecondary Education Commission</i>	GHP <input type="checkbox"/> <i>Georgia Health Partnership</i>	DPS <input type="checkbox"/> <i>Department of Public Safety</i>	Other <input type="checkbox"/> <i>(Please specify)</i>
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List Month/Year Company Established	List any grants/scholarships available for students:
Pell Grant Eligible Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cost for program same for WIOA/Public Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Locations Yes No *(If there are other locations please list addresses below)*

Location

Location

CONTACT INFORMATION

Contact Name

Contact Title

Phone Number

Fax

Contact Email

Please complete the following form in its entirety

INDIVIDUAL TRAINING ACCOUNT (ITA) PROGRAM FORM						
Program Name					Date Program First Offered	
Program Description						
Program Specific Authorization/Accreditation						
Credential Earned <i>(Please attach a copy of the credential graduates of the program will obtain)</i>						
Entry Criteria – RLM (Grade Level)	Reading	Language	Math	High School Diploma Required	Yes () No ()	
				Offer Evening/Night Classes	Yes () No ()	
Instructor/Student Ratio	Class Hours	(# of weeks)	Externship	Other Entry Requirements (Specify Internship Hours Separately)		
Describe in detail provider partnerships with businesses			Describe how the training program aligns with in demand industries and occupations			
Name of Instructors/Description of Qualifications						
List software/equipment used in the program						
Software			Equipment			

ITEMIZATION SUPPLY LIST

PROVIDER		
PROGRAM		
Item	Cost	
TUITION	\$	
Supplies <i>(List each supply and cost)</i>		
Supply Name		\$
Supply Name		\$
Supply Name		\$
Supply Name		\$
Supply Name		\$
Supply Name		\$
SUPPLIES TOTAL		\$
Books <i>(List each book and cost)</i>		
Name		\$
ISBN Number		
Name		\$
ISBN Number		
Name		\$
ISBN Number		
BOOKS TOTAL		\$
Test Fees <i>(List Name of Exam)</i>		
Exam Name		\$
Exam Name		\$
Exam Name		\$
TEST FEES TOTAL		
Other Costs <i>(List all other costs)</i>		
		\$
		\$
		\$
OTHER COST TOTAL		\$
TOTAL PROGRAM COST		\$

Provider Past Performance Information			
From		Through	
Number of completed programs the has conducted in the most recent 12-month period:		Number of Students	State Minimum Requirement
Total Number of Students for the past 12 months (Minimum of 10 students)			
Median Earnings After Placement (The median earnings of program participants who are in unsubsidized employment during the second quarter after exit from the program)		\$	\$11.50
Average Wage at Placement (Average wage at placement of completers obtaining employment during the above period)		\$	\$10.70
Attainment of Post-Secondary Credential (The percentage of program participants who obtain a recognized post-secondary credential or a secondary school diploma or its recognized equivalent during participation in or within 1 year after exit from the program)		%	60%
Completion Rate (Program completion rate for student completing all coursework and exams)		%	70%
Employment Rate (Employment rate for all students completing the program coursework)		%	70%
Training-Related Employment (Percent of completers exiting the program who have obtained training- related employment)		%	70%

Graduate and Employer References

(List a minimum of ten graduates who completed the listed program)

Graduate Name	Graduate Phone	Graduate E-mail	Employed By	Employer Contact	Employer Phone

Applying for a New Training Program Without Performance Information

To apply and qualify for a new training program and one year of initial eligibility, you must provide the following information; A narrative application, which must include all the following program specific performance information.

1. Provider information on a **substantially similar training program (in the same industry)** indicating whether that program satisfied the following indications of performance:
 - A. Unsubsidized employment during the second quarter after exit,
 - B. Unsubsidized employment during the fourth quarter after exit,
 - C. Median earning,
 - D. Credential attainment,
 - E. Average wage at placement, and
 - F. Training related employment rate;
2. A descriptive narrative with information on the **proposed training program's** ability to satisfy the following indicators of performance:
 - A. Unsubsidized employment during the second quarter after exit,
 - B. Unsubsidized employment during the fourth quarter after exit,
 - C. Median earning,
 - D. Credential attainment,
 - E. Average wage at placement, and
 - F. Training related employment rate;
3. Information concerning whether the provider is in a partnership with business. This could include information about the quality and quantity of employer partnerships;
4. Information that addresses alignment of the training services with in-demand industry sectors and occupations, to the extent possible.

Atlanta Regional Commission will re-verify that you are licensed, ADA compliant, NPEC or other state agency authorized approved, and current with all federal and state taxes. Programs must also be available to the public and have published catalog price structures, and all applications must include a current federal tax ID number.