

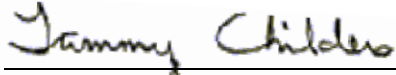


July 15, 2015

**Eastern Carolina Local Area Issuance No. 2015-20**

- SUBJECT:** Workforce Innovation and Opportunity Act Funds and Pell Grants
- PURPOSE:** To provide information on the use of Workforce Innovation and Opportunity Act (WIOA) resources when combined with Pell.
- BACKGROUND:** The Workforce Innovation and Opportunity Act 134(c)(3)(B)(i)(I) states that WIOA funding for training is limited to participants who are unable to obtain grant assistance from other sources to pay the costs of their training, or require assistance beyond that available under grant assistance from other sources to pay the costs of such training.
- WIOA Section 134(c)(3)(B)(ii) states that training services may be provided under this paragraph to an individual who otherwise meets the requirements of this paragraph while an application for a federal Pell Grant is pending, except that if such individual is subsequently awarded a federal Pell Grant, appropriate reimbursement shall be made to the local area from such federal Pell Grant.
- WIOA Section 134(c)(3)(F)(iii) states that program operators must coordinate training funds available and make funding arrangements with One-Stop career center partners and other entities. Training providers must consider the availability of Pell Grants and other sources of grants.
- ACTION:** The Workforce Innovation and Opportunity Act seeks to ensure that financial resources and services are available to the individual seeking training. Other resources that may be available to the individual, including WIOA resources, should not be reduced based on the receipt of a Pell Grant unless the combination of such resources results in a level of support that exceeds an individual's cost of training. Individuals who are potentially eligible for a federal Pell Grant must apply. WIOA service providers will coordinate funds available with the financial aid office of the training provider. ***Service providers will complete a Financial Award Analysis form (attached) annually***, for individuals as a means to determine shortage/surplus of resources available.
- WIOA Section 134(c)(3)(B)(iii) states that in determining whether an individual requires assistance under clause (i)(II), a one-stop operator (or one-stop partner, where appropriate) may take into consideration the full cost of participating in training services, including the costs of dependent care and transportation, and other appropriate costs.

**EFFECTIVE DATE:** Immediately  
**EXPIRATION DATE:** Indefinite  
**CONTACT:** Tammy Childers, Director  
**DISTRIBUTION:** WIOA Service Providers

A handwritten signature in black ink that reads "Tammy Childers". The signature is written in a cursive style with a horizontal line underneath.

**Tammy L. Childers, Director**

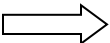
**Attachment: Financial Award Analysis**  
**Sample Financial Award Analysis**

# FINANCIAL AWARD ANALYSIS

(TO BE COMPLETED BY THE TRAINING PROVIDER FINANCIAL AID OFFICE AND THE WIOA SERVICE PROVIDER ANNUALLY)

<b>TRAINING PROVIDER:</b>		
<b>Workforce Innovation and Opportunity Act (WIOA) Participant:</b>	<b>SS#:</b>	<b>Telephone # (including area code):</b>
<b>Training Start Date:</b>	<b>Estimated Training End Date:</b>	
<b>Name(s)/Type(s) of Training:</b>	<b>No. of Semesters/Quarters</b>	
<b>Training Provider Contact Person:</b>	<b>Telephone # (including area code):</b>	<b>Fax # (including area code):</b>

TRAINING ITEMS COST OF ATTENDANCE	FUND ASSIGNMENTS (#1-4 UNDER FUNDING SOURCES)	COSTS PER SEMESTER OR QUARTER	NUMBER OF SEMESTERS OR QUARTERS	TOTAL COST OF TRAINING SERVICES
Application/Registration				
Tuition				
Book/Supplies				
Shop/Clinic/Lab Fees/Uniforms				
Physicals				
License/Permits				
Parking Fees				
Student Activity Fees				
Transportation				
Child Care Cost				
Other Required Cost (specify)				
Other Required Cost (specify)				
<b>TOTAL PROJECTED COST OF TRAINING</b>				

AVAILABLE FUNDING SOURCES (Documentation Must Be Attached)	AID PER SEMESTER OR QUARTER	NUMBER OF SEMESTER OR QUARTERS	TOTAL AVAILABLE RESOURCES
1. <b>Federal PELL Grant</b> (attach SAR, etc.)			
2. <b>Scholarships/Grants/Other Financial Aid</b> (attach applicable award/denial letters)			
3. <b>Other Sources</b> (specify)			
4. <b>Vocational Rehabilitation/Social Services</b> (attach applicable award letters)			
5. <b>TOTAL NON-WIOA AVAILABLE RESOURCES</b>			
6. <b>NEEDED/REQUESTED WIOA TRAINING RESOURCES</b>			
7. <b>ADDITIONAL RESOURCES NEEDED</b> (normally this should be a zero balance) 			

I, \_\_\_\_\_, authorize and consent to the release and exchange of confidential information to the WIOA Service Provider and the Training Provider.

**SIGNATURES:**

WIOA Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Training Provider/ Financial Aid Office Signature: \_\_\_\_\_ Date \_\_\_\_\_

WIOA Service Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

# FINANCIAL AWARD ANALYSIS

(TO BE COMPLETED BY THE TRAINING PROVIDER FINANCIAL AID OFFICE AND THE WIOA SERVICE PROVIDER ANNUALLY)

<b>TRAINING PROVIDER:</b>		School of Hard Knocks	
<b>Workforce Innovation and Opportunity Act (WIOA) Participant:</b>		<b>SS#:</b>	<b>Telephone # (including area code):</b>
Peter D. Pan		4067	(252) 636-6901
<b>Training Start Date:</b>		<b>Estimated Training End Date:</b>	
07/01/2015		05/30/2017	
<b>Name(s)/Type(s) of Training:</b>		<b>No. of Semesters/Quarters</b>	
Associate Degree Nursing		5 semesters	
<b>Training Provider Contact Person:</b>		<b>Telephone # (including area code):</b>	<b>Fax # (including area code):</b>
Ms. Keep It Real		(252) 111-2222	(252) 111-3333

TRAINING ITEMS COST OF ATTENDANCE	FUND ASSIGNMENTS (#1-4 UNDER FUNDING SOURCES)	COSTS PER SEMESTER OR QUARTER	NUMBER OF SEMESTERS OR QUARTERS	TOTAL COST OF TRAINING SERVICES
Application/Registration	1	25.00	2	50.00
Tuition	1	850.00	2	1600.00
Book/Supplies	1	625.00	2	1250.00
Shop/Clinic/Lab Fees/Uniforms	1	350.00	2	700.00
Physicals				
License/Permits				
Parking Fees	1	25.00	2	50.00
Student Activity Fees	1	15.00	2	30.00
Transportation	1	1350.00	2	2700.00
Child Care Cost				
Other Required Cost (specify)				
Other Required Cost (specify)				
<b>TOTAL PROJECTED COST OF TRAINING</b>		<b>3240.00</b>		<b>6480.00</b>

AVAILABLE FUNDING SOURCES (Documentation Must Be Attached)	AID PER SEMESTER OR QUARTER	NUMBER OF SEMESTER OR QUARTERS	TOTAL AVAILABLE RESOURCES
1. <b>Federal PELL Grant</b> (attach SAR, etc.)	2500.00	2	5000.00
2. <b>Scholarships/Grants/Other Financial Aid</b> (attach applicable award/denial letters)	0	2	0
3. <b>Other Sources</b> (specify)	0	2	0
4. <b>Vocational Rehabilitation/Social Services</b> (attach applicable award letters)	0	2	0
5. <b>TOTAL NON-WIOA AVAILABLE RESOURCES</b>	2500.00	2	5000.00
6. <b>NEEDED/REQUESTED WIOA TRAINING RESOURCES</b>	740.00	2	1480.00
7. <b>ADDITIONAL RESOURCES NEEDED</b> (normally this should be a zero balance) →	0	2	0

I, Peter D. Pan, authorize and consent to the release and exchange of confidential information to the WIOA Service Provider and the Training Provider.

**SIGNATURES:**

WIOA Participant:	<u>Peter D. Pan</u>	Date	<u>7/15/2015</u>
Training Provider/ Financial Aid Office:	<u>Training Provider/Financial Aid Office Signature</u>	Date	<u>7/15/2015</u>
WIOA Service Provider:	<u>WIOA Service Provider Signature</u>	Date	<u>7/15/2015</u>