



WIOA TITLE I NON-ITA ACKNOWLEDGEMENT FORM

CSSF Service Provider Name: _____ Today's Date: _____

WIOA Participant and Training Information	
WIOA Participant Name [First and Last]	
Participant State ID in EMD/EM	
Non-Eligible Training Provider Name	
Training Program Name	
Length of Training [Start Date and Projected End Date]	
Registration Date	
Training Course Registration/Schedule Provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial Aid and Other Subsidies	
Total Program Costs [Books, Test fees, etc.]	
Types of Funds To Be Used Towards Training	
Scholarship, or Grant Awarded	
Federal Funds Awarded [Includes Pell, and/or any Federal Loan Awarded]	
Participants' Private Student Loan	
Participants' Responsibility [out of pocket]	

A proud partner of the AmericanJobCenter[®] network
 CareerSource South Florida is an equal employer/program. Auxiliary aids and services
 are available upon request to individuals with disabilities.



WIOA TITLE I NON-ITA ACKNOWLEDGEMENT FORM

Attestation

I attest that the information provided above is true and accurate. I understand that I am fully responsible for all costs incurred for training services that are provided related to the training program total cost to include (testing fees, books fees, uniform fees, etc.). I understand that the non-eligible program or provider above may confirm this statement, if by CareerSource South Florida and/or any representative of CSSF.

Participant's Signature: _____ Date: _____

Participant's Name (Print): _____