

Date: _____

Semester: Fall ____ Spring ____ Summer ____

Original []

Modification []

NOTE: This form is to be completed for the appropriate period as noted above only. Any subsequent period funding requires a separate commitment form.

ITA Financial Commitment and Payment Form

Part A – to be Completed by WIOA Sub-Recipient

Name of Student:	Last 4 digits of SSN:
Address:	State ID #:
Student Enrolled in Classes: [] Yes [] No	FASFA Completed Yes No
Agency Contact Name:	Agency Phone Number:
Agency E-mail Address:	Agency Fax Number:

Part B – to be Completed by Financial Institution/Training Provider

Number of Hours Student is Enrolled:	Begin Date: End Date:
Pell Grant Amount for this ITA: [] Year [] Semester [] NA, Why?	Pell Grant Verification: Yes No Status:
Estimated Costs for Tuition & Fees:	Other Financial Aid available to student (list all):
Estimated Book/Supply Cost:	Agency Contact Person: / Training Site /
Estimated Total Cost (T,B,F):	Agency E-mail Address:

Part C – to be Completed by WIOA Sub-Recipient

WDB Funding Source:	[] Training verified and approved on ETPS vendor list
Tuition/Fees to be paid:	Books to be paid:
Other costs to be paid (please specify):	Approved Program of Study/Degree Seeking:
Total WDB funds being Committed (T,B,F):	Occupational Goal:

Part D – to be Completed by Sub-Recipient and forwarded to fiscal for payment processing

Total Amount to be Paid:	[] Bill received by Training provider, verified against prior commitment and is after the add/drop period
Name of Institution:	Address of Institution:
Authorized Program Director Signature:	Date:

The Workforce Development Board of North Missouri is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY users can dial 711.

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