

Coordination of Training Funds (COTF)

NOTE: Correction fluid/ribbon, mark through, eraser marks, write over voids this document

SECTION I: To be completed by WIOA Title I staff for provision to the Training Provider.

To: Financial Aid Office

Attention: _____ From: _____

School: _____ Attention: _____

E-mail or Fax: _____ E-mail or Fax: _____

Participant Name: _____ PID: _____

I hereby authorize the exchange of information between the designated WIOA Service Provider Staff and the Financial Aid Office of the above named _____

Signature of Participant _____ Date _____

SECTION II: The following section is to be completed by the financial aid office and cannot be revised by WIOA staff. WIOA staff are not authorized to change.

Training Program Name: _____

Start Date: _____ End Date: _____

| PERIODS COVERED | | Start Date: | End Date: |
|-----------------|---------------------|-------------|-----------------------------------|
| Fall: _____ | Trimester I _____ | _____ | _____ Full Length of Short Course |
| Spring: _____ | Trimester II _____ | _____ | |
| Summer: _____ | Trimester III _____ | _____ | |

| COST OF ATTENDANCE* | | STUDENT'S FINANCIAL AID | |
|--------------------------------------|----------|---|------------------------------|
| Tuition | \$ _____ | PELL Grant | \$ _____ |
| Fees | \$ _____ | _____ | Student is not PELL eligible |
| Books, Supplies and Tools | \$ _____ | _____ | Program is not PELL eligible |
| Uniforms | \$ _____ | | |
| OTHER EXPENSES RELATED TO TRAINING** | | OTHER FINANCIAL RESOURCES EXCLUDING LOANS AND VA BENEFITS | |
| | \$ _____ | | \$ _____ |
| | \$ _____ | | \$ _____ |
| | \$ _____ | | \$ _____ |
| | \$ _____ | | \$ _____ |
| TOTAL COST OF ATTENDANCE | \$ _____ | TOTAL FINANCIAL AID | \$ _____ |

Total Cost of Attendance minus student's financial aid | equals unmet need

By signing below, the financial aid officer (or the school's designated personnel who performs those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid awarded to the participant as part of a continuing regular information sharing process. **If corrections are needed, the training provider is required to complete a new COTF form.**

Financial Aid Officer _____ Date _____

*As defined by the Higher Education Act Section 472, enacted December 20, 2018.
**Other expenses related to training may include transportation, room and board (as defined by the Higher Education Act), vehicle insurance, and other items allowable in Section 472 of the Higher Education Act. Unless documented in writing to the student, the training provider is not responsible for payment or obtainment of the items listed as "Other Expenses Related to Training". Expenses related to training that must be purchased by students directly from the training provider must be documented in writing in order for WIOA to authorize payment directly to the training/educational entity for said items, including books, supplies, tools, uniforms, and any other items directly related to training.

Section III: The following section is to be completed by the designated WIOA Service Provider Staff.

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant's employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

WIOA Title I Service Provider Staff Signature _____ Date _____