

## ITA PROGRAM INFORMATION/EXPENSE SHEET

**Below are examples of the expenses related to training. Please make sure you show all expenses on the ITA Program Expense Sheet – Thank you!**

Application/Registration Fee(s)  
 Background Check  
 CPR Credential (if required)  
 Drug Screening  
 FDLE Screening  
 Fingerprinting  
 Graduation Fee(s)  
 Graduation Pin (Nursing)  
 Insurance (i.e. Accident, Liability, Student, Malpractice, etc.)  
 Lab Fees  
 MVR (if required)  
 Seat Deposit  
 Support Services (required for training)  
 Tuition

**Books:** All textbooks/workbooks required for training. Please show by name and individual cost in the space provided, or attach a separate list.

**Exam Fee(s):** Any medical or dental exams, inoculations, etc., required for training. Please show by name and individual cost in the space provided, or attach a separate list.

**Supplies:** Materials and supplies, tools, stethoscopes, pins, watches, holsters, ammunition, kits used for (i.e. Nursing) training. Please show by name and individual cost in the space provided, or attach a separate list.

**Uniforms:** Special required clothing, shoes, caps, belts, patches. Please show by name and individual cost in the space provided, or attach a separate list.

Test/  
 Certification

**Fees:** Test, pre-test, license and/or certification testing fees – i.e., NCLEX, CDL – and other associated testing costs. Required CDL Endorsements. Please show by name and individual cost in the space provided, or attach a separate list.

### IMPORTANT!

CareerSource Research Coast **cannot** pay for 3<sup>rd</sup> party providers/suppliers; however, CareerSource Research Coast **may** reimburse training providers for purchases made for a student – up to the current CareerSource Research Coast ITA cap\* - if purchases are required for program completion.

Please identify **all** program costs on the Program Information/Expense Sheet and indicate whether your organization **will** or **will not** purchase on behalf of the student and subsequently bill CareerSource Research Coast.

\* Contact CareerSource Research Coast for details

**ITA PROGRAM INFORMATION/EXPENSE SHEET**

<b>Name of Institution</b>			
<b>Program Name</b> (as listed in catalog)		<b>Course Number,</b> if applicable	
<b>Campus Location(s) for this Program</b>			
<b>SOC Information</b>	<b>Occupation</b> (as identified on our Demand Occupations List (DOL). Occupations not on this list will not be considered.	<b>SOC Code</b>	<b>High Skill/High Wage Occupation?</b> (from the CSRC DOL)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Program Description</b> Please provide a brief overview			
<b>Name/Type of Degree or Certified Awarded</b>		<b>Pell Approved</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can Credential be stacked with other credentials for a career ladder?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please identify other credentials</b>			
<b>Program Length (number of weeks, months, credit hours, clock/contact hours)</b>			

**TRAINING COSTS: SHOW ALL**

<b>COSTS MUST BE ITEMIZED:</b> Please refer to the Expense Detail list to ensure all expenses are shown. <b>IMPORTANT!</b> PLEASE NOTE that CSRC cannot pay 3 <sup>rd</sup> party providers/suppliers, but can reimburse the Training Provider for expenses paid on behalf of the student up to the current ITA cap for the program/occupation. <b>Please show ALL costs associated with this program and indicate if cost will or will not be paid by you, the training provider, and billed to CSRC.</b>	<b>Training Provider pays/will pay and will bill (indicate yes or no)</b>			<b>For CSRC Use Only Allowable?</b>	
	<b>Cost</b>	<b>Y</b>	<b>N</b>	<b>Can Pay</b>	<b>Cannot Pay</b>
<b>Training-related item/cost (see expense details to ensure all costs are shown)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Books (itemize by title and individual cost or attach separate list)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Medical exams required for training (itemize by type/name and individual cost)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Supplies (itemize and show individual cost or attach separate list)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Uniforms (clothing, shoes, caps, belts, etc. (Itemize and show individual cost or attach separate list)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Test/Certification Fees (Itemize and show individual cost or attach separate list)</b>					
	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TOTAL COST OF TRAINING (includes all costs)</b>	\$			<b>Can Pay</b>	<b>Cannot Pay</b>
<b>TOTAL AMOUNT(S) CSRC CAN PAY (* UP TO ITA CAP) AND CANNOT PAY</b>				\$	\$

CSRC cannot pay costs incurred prior to first day of class even if training provider indicates costs can/will be billed to CSRC as a "fee".

**Performance Information:** Please add performance information to the CSRC Training Provider Application Performance Spreadsheet, indicating the reporting period used to provide the information.