

EXHIBIT B - ITA CONTRACT AND INVOICE



ITA CONTRACT & INVOICE - FIRST (40%)

ITA must be approved by the WDB Fiscal staff prior to the start of training.

Type of ITA:	Select cell to access drop down menu: Type of ITA	WDB FISCAL APPROVAL
WIOA Funding Stream:	Select cell to access drop down menu: Funding Stream	
Non-WIOA Funding Stream:		
Participant Name:		
Last 4 of SS#:		Date approved: MM/DD/YYYY
		Vendor #: 0
		Obligation #: 0
Training Provider Name:		Comments:
Contact Name:		
Address:		
City, State, Zip:		
Phone:		
Email:		
Name of Program/Course, listed on the ETPL:		
Total Hours of Training:		
Days/Weeks of Training:		
WDB Priority Industry Sector:	Select cell to access drop down menu: WDB Industry Sector	
Certifications/Credential:		
Contract Start Date:	MM/DD/YYYY	
Contract End Date:	MM/DD/YYYY	
Tuition Costs:	\$ -	
Other Approved Costs:	\$ -	
Less Pell Grant Award:	\$ -	
Less Other Student Funds:	\$ -	
Total ITA Amount:	\$ -	ITA Maximum Amount \$5,000

Training Hrs Completed:	0	0	0	Hrs Completed:	0
Payment Periods & Amounts (Auto calculated based on Total ITA Amount)	First (40%)	Midway (50%)	Final (10%)	Payment Period Due:	First (40%)
	\$ -	\$ -	\$ -	Amount Due:	\$ -

Reference ETPL Master Agreement for details on the WDB's reimbursement and invoicing procedures and refund policy.

Return signed ITA Contract and Invoice to:

WDB Fiscal Manager: Ruben Trujillo

Organization Name: Monterey County WDB, Fiscal

Address: 1441 Schilling Place - North

City, State, Zip: Salinas, CA 93901

Email: trujillor@co.monterey.ca.us

If applicable, enter "X", and attach proof of Pell Grant Award to 1st invoice.

C E R T I F I C A T I O N

I CERTIFY THAT THE TRAINING AND SERVICES HERE-IN HAVE BEEN APPROVED.

WDB FISCAL APPROVAL FOR PAYMENT SIGNATURE	EMAIL	DATE
CLIENT SIGNATURE	EMAIL	DATE
WIOA/Non-WIOA COUNSELOR SIGNATURE	EMAIL	DATE
WIOA/Non-WIOA SUPERVISOR APPROVAL SIGNATURE	EMAIL	DATE
TRAINING PROVIDER SIGNATURE	EMAIL	DATE

EXHIBIT B - ITA INVOICE



ITA INVOICE - MIDWAY (50%)

ITA must be approved by the WDB Fiscal staff prior to the start of training.

Type of ITA:	Select cell to access drop down menu: Type of ITA	WDB FISCAL APPROVAL
WIOA Funding Stream:	Select cell to access drop down menu: Funding Stream	
Non-WIOA Funding Stream:	0	
Participant Name:	0	
Last 4 of SS#:	0	Date approved: MM/DD/YYYY
Training Provider Name:	0	Vendor #: 0
Contact Name:	0	Obligation #: 0
Address:	0	Comments:
City, State, Zip:	0	
Phone:	0	
Email:	0	
Name of Program/Course, listed on the ETPL:	0	
Total Hours of Training:	0	
Days/Weeks of Training:	0	
WDB Priority Industry Sector:	Select cell to access drop down menu: WDB Industry Sector	
Certifications/Credential:	0	
Contract Start Date:	MM/DD/YYYY	
Contract End Date:	MM/DD/YYYY	
Tuition Costs:	\$ -	
Other Approved Costs:	\$ -	
Less Pell Grant Award:	\$ -	
Less Other Student Funds:	\$ -	
Total ITA Amount:	\$ - <i>ITA Maximum Amount \$5,000</i>	

Training Hrs Completed:	0	0	0	Hrs Completed:	0
Payment Periods & Amounts (Auto calculated based on Total ITA Amount)	First (40%)	Midway (50%)	Final (10%)	Payment Period Due:	Midway (50%)
	\$ -	\$ -	\$ -	Amount Due:	\$ -

Reference ETPL Master Agreement for details on the WDB's reimbursement and invoicing procedures and refund policy.

Return signed ITA Invoice to:

WIOA/Non-WIOA Counselor: Ruben Trujillo
 Organization Name: Monterey County WDB, Fiscal
 Address: 1441 Schilling Place - North
 City, State, Zip: Salinas, CA 93901
 Email: trujillor@co.monterey.ca.us

Enter "X", and attach to invoice proof of student attendance and progress reports.

C E R T I F I C A T I O N

I CERTIFY THAT THE TRAINING AND SERVICES HERE-IN HAVE BEEN DELIVERED.

TRAINING PROVIDER SIGNATURE	0	
	EMAIL	DATE
WIOA/Non-WIOA COUNSELOR SIGNATURE	0	
	EMAIL	DATE
WIOA/Non-WIOA SUPERVISOR APPROVAL SIGNATURE	0	
	EMAIL	DATE

EXHIBIT B - ITA INVOICE



ITA INVOICE - FINAL (10%)

ITA must be approved by the WDB Fiscal staff prior to the start of training.

Type of ITA:	Select cell to access drop down menu: Type of ITA	WDB FISCAL APPROVAL
WIOA Funding Stream:	Select cell to access drop down menu: Funding Stream	
Non-WIOA Funding Stream:	0	
Participant Name:	0	
Last 4 of SS#:	0	Date approved: MM/DD/YYYY
Training Provider Name:	0	Vendor #: 0
Contact Name:	0	Obligation #: 0
Address:	0	Comments:
City, State, Zip:	0	
Phone:	0	
Email:	0	
Name of Program/Course, listed on the ETPL:	0	
Total Hours of Training:	0	
Days/Weeks of Training:	0	
WDB Priority Industry Sector:	Select cell to access drop down menu: WDB Industry Sector	
Certifications/Credential:	0	
Contract Start Date:	MM/DD/YYYY	
Contract End Date:	MM/DD/YYYY	
Tuition Costs:	\$ -	
Other Approved Costs:	\$ -	
Less Pell Grant Award:	\$ -	
Less Other Student Funds:	\$ -	
Total ITA Amount:	\$ -	ITA Maximum Amount \$5,000

Training Hrs Completed:	0	0	0	Hrs Completed:	0
Payment Periods & Amounts (Auto calculated based on Total ITA Amount)	First (40%)	Midway (50%)	Final (10%)	Payment Period Due:	Final (10%)
	\$ -	\$ -	\$ -	Amount Due:	\$ -

Reference ETPL Master Agreement for details on the WDB's reimbursement and invoicing procedures and refund policy.

Return signed ITA Invoice to:

WIOA/Non-WIOA Counselor: Ruben Trujillo
 Organization Name: Monterey County WDB, Fiscal
 Address: 1441 Schilling Place - North
 City, State, Zip: Salinas, CA 93901
 Email: trujillor@co.monterey.ca.us

Enter "X", and attach to invoice proof of student attendance and progress reports.
 Enter "X", and attach to invoice proof of industry recognized credential, certificate, and/or license obtained.

C E R T I F I C A T I O N

I CERTIFY THAT THE TRAINING AND SERVICES HERE-IN HAVE BEEN DELIVERED.

TRAINING PROVIDER SIGNATURE	0	0
	EMAIL	DATE
WIOA/Non-WIOA COUNSELOR SIGNATURE	0	0
	EMAIL	DATE
WIOA/Non-WIOA SUPERVISOR APPROVAL SIGNATURE	0	0
	EMAIL	DATE

EXHIBIT B - ITA INVOICE



ITA waiver must be approved by the WDB Fiscal staff prior to the start of training.

Type of ITA:

WIOA Funding Stream:

Non-WIOA Funding Stream:

Participant Name:

Last 4 of SS#:

Training Provider Name:

Contact Name:

Address:

City, State, Zip:

Phone:

Email:

Name of Program/Course, listed on the ETPL:

Waiver Request:

Justification for Waiver:
(Justification must be completed by WIOA/Non-WIOA Counselor)

Return signed ITA Waiver to:

WDB Fiscal Manager:

Organization Name:

Address:

City, State, Zip:

Email:

C E R T I F I C A T I O N

I CERTIFY THAT THE ITA WAIVER HERE-IN HAS BEEN APPROVED.

	<u>0</u>	
WIOA/Non-WIOA COUNSELOR SIGNATURE	EMAIL	DATE
WIOA/Non-WIOA PROGRAM MANAGER APPROVAL SIGNATURE	EMAIL	DATE

EXHIBIT B - ITA INVOICE



ITA DEOBLIGATION

Type of ITA:	Select cell to access drop down menu: Type of ITA	WDB FISCAL APPROVAL
WIOA Funding Stream:	Select cell to access drop down menu: Funding Stream	
Non-WIOA Funding Stream:	0	Date approved: MM/DD/YYYY
Participant Name:	0	Vendor #: 0
Last 4 of SS#:	0	Obligation #: 0
Training Provider Name:	0	Comments:
Contact Name:	0	
Address:	0	
City, State, Zip:	0	
Phone:	0	
Email:	0	
Name of Program/Course, listed on the ETPL:	0	
Total Hours of Training:	0	
Days/Weeks of Training:	0	
WDB Priority Industry Sector:	Select cell to access drop down menu: WDB Industry Sector	
Certifications/Credential:	0	
Contract Start Date:	MM/DD/YYYY	
Contract End Date:	MM/DD/YYYY	
Tuition Costs:	\$ -	
Other Approved Costs:	\$ -	
Less Pell Grant Award:	\$ -	
Less Other Student Funds:	\$ -	
Total ITA Amount:	\$ -	

Deobligation Amount: _____

Reason for Deobligation:
(Justification must be completed by WIOA/Non-WIOA Counselor)

Return signed ITA Deobligation form to:

WDB Fiscal Manager: Ruben Trujillo
 Organization Name: Monterey County WDB, Fiscal
 Address: 1441 Schilling Place - North
 City, State, Zip: Salinas, CA 93901
 Email: trujillor@co.monterey.ca.us

C E R T I F I C A T I O N

I CERTIFY THAT THE ITA DEOBLIGATION HERE-IN HAS BEEN APPROVED.

	0	
WIOA/Non-WIOA COUNSELOR SIGNATURE	EMAIL	DATE
WIOA/Non-WIOA PROGRAM MANAGER APPROVAL SIGNATURE	EMAIL	DATE