CAREERSOURCEHEARTLAND 2023-24 ITA PROGRAM INFORMATION/EXPENSES Form may be duplicated. Please complete one form for each program submitted.

Name of Institu	ıtion								
Program Name					Course	nur	nbe	r,	
as listed in catal					if applic	cable	Э		
Campus Locati	ion(s) for								
this Program									
			Occupation				H	ligh Skill/Hig	
SOC Information	n n	(as identified on our Regional Demand Occupations List.					Occupation?		
300 illioillatio	ווע	Occupations not on the DOL will not be considered.)			SOC Code	SOC Code (from the C			1 DOL)
							Ye	es 🗌 💮 N	lo 🗌
Program Descr Please provide a overview.									
Name/Type of I	Dearee or (Certificate Awarded			Pell Approve	ed	Υe	es 🗌 🔝 🛚 🖠	No 🗆
Name/Type of Degree or Certificate Awarded Pell Approved Yes No Can Credential be stacked with other credentials for a career ladder? Yes No If yes, please identify the other credentials:									
			t hours, clock/contact ho	ours)					
1 Togram Long	ii (iiaiiiboi	or wooke, months, order	TRAINING COSTS	•	1				
							-		
Please show a	II costs as	ssociated with this p	rogram and indicate	if cost will or will	not be paid by	y yo	u, t	he Training	Provider.*
CSH cannot pay 3rd party providers/suppliers, but can reimburse Training Provider for direct expenses paid on behalf of the student, up to the current CSH ITA cap for the program/occupation. Please check Yes or No for each line item/cost. IMPORTANT: CSH CANNOT PAY for costs incurred prior to 1st day of class and/or fees associated with graduation.				pays/will pay	Training Provider pays/will pay and will bill CSH For CSH Use Only Allowable CSH Cos				
		Training-Related	I Item/Cost		Cost	Υ	N	Can Pay*	Cannot Pay
							_		
D 1 /21 : 1			(!' ()			1 1	- 1		
Books (itemize by	title and ind	ividual cost or attach separ	rate list)						
Medical evams re	quired for tra	nining (itemize by type/nam	and individual cost)						
Medical exams le	quired for the	aning (itemize by type/nam	ie and individual cost)						
Supplies (itemize	and show in	dividual cost or attach sepa	arate list)						
.,			,						
Uniforms (clothing	g, shoes, cap	s, belts, etc. Itemize and s	how individual cost or attac	ch separate list)					
Test/Certification	Fees (itemize	e and show individual cost	or attach separate list)						
			Coot of Trainin					0 0 *	0 10
				ng (estimated costs)	_	L Da		Can Pay*	Cannot Pay
			Amount(s) CSH C	an Pay (*up to ITA o	•				
Please see above regarding costs CSH cannot pay.									
Performance	Performance Please include performance information on the CSH Training Provider Application Performance Spreadsheet, indicating the Reporting Period					ing Period			
Information used to provide the information, and submit with your application*. (*Providers approved in/for 2020-21 need not re-apply for 2021-22.)					22.)				

CSH Pgm. Info/Expense Sheet rev. January 2023

PAGE 2 CAREERSOURCE HEARTLAND 2023-24 ITA PROGRAM INFORMATION/EXPENSES Form may be duplicated. Please complete one form for each program submitted.

	· · · · · · · · · · · · · · · · · · ·	·		
Name of Institution				
Program Name			Course number,	
as listed in catalog			if applicable	

as listed in catalog		ιι αρρ	icabi	<u>-</u>		
	ADDITIONAL TRAINING COSTS, CONTINUE					
	ADDITIONAL TRAINING COSTS: CONTINU					
Please show all costs a	ssociated with this program and indicate if cost will or will r	not be paid b	y yo	u, t	he Training	Provider.*
expenses paid on behalf of the Please check Yes or No for each	providers/suppliers, but can reimburse Training Provider for direct the student, up to the current CSH ITA cap for the program/occupation. ach line item/cost. F PAY for costs incurred prior to 1st day of class and/or fees	Training Provider pays/will pay and will bill CSH*		For CSH Use Only. Allowable CSH Costs		
	Additional Training-Related Item/Cost	Cost	Υ	N	Can Pay*	Cannot Pay
			_		·	
		+	+	\vdash		
			_			
		_	+	\vdash		
			+	H		
			_			
			+			
		+	+			
Books (itemize by title and inc	lividual cost or attach separate list)	Use this spac	e to I	ist b	ooks and pa	yment notes.

Medical exams required for training (itemize by type/name and individual cost)	Use this space to list medical exams	and navment notes
modical oxamo required for training (normize by typorname and marvidad ecoty	Ose this space to list medical exams	and payment notes.
Supplies (itemize and show individual cost or attach separate list)	Use this space to list supplies	and payment notes.
ooppiioo (italiinaa ahaa ahaa iiraan aadaa a		
Uniforms (clothing, shoes, caps, belts, etc. Itemize and show individual cost or attach list)	Use this space to list uniform items	and payment notes.
,	•	
Test/Certification Fees (itemize and show individual cost or attach separate list) Use t	this space to list Test/Certification Fees	and payment notes.