CAREERSOURCE HEARTLAND 2026-27 ITA PROGRAM INFORMATION/EXPENSES

Form may be duplicated. Please complete one form for each program submitted.

Name of Institution			
Program Name as listed in catalog		Course number, if applicable	
Campus Location(s) for this Program			
SOC Information	Occupation (as identified on our Regional Demand Occupations List. Occupations not on the DOL will not be considered.)	SOC Code	High Skill/High Wage Occupation? (from the CSH DOL)
			Yes ☐ No ☐
Program Description Please provide a brief overview.			
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:			
Program Length (number of weeks, months, credit hours, clock/contact hours)			

TRAINING COSTS: SHOW ALL

Please show all costs associated with this program and indicate if cost will or will not be paid by you, the 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.	Training Provider pays/will pay and will bill CSH*			For CSH Use Only. Allowable CSH Costs	
Training-Related Item/Cost	Cost	Y	N	Can Pay*	Cannot Pay
		☐	☐		
		☐	☐		
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		☐	☐		
Books (itemize by title and individual cost or attach separate list)					
		☐	☐		
Medical exams required for training (itemize by type/name and individual cost)					
		☐	☐		
Supplies (itemize and show individual cost or attach separate list)					
		☐	☐		
Uniforms (clothing, shoes, caps, belts, etc. Itemize and show individual cost or attach separate list)					
		☐	☐		
Test/Certification Fees (itemize and show individual cost or attach separate list)					
		☐	☐		
Cost of Training (**estimated** costs)	$ 0.00			Can Pay*	Cannot Pay
Amount(s) CSH Can Pay (*up to ITA cap) and Cannot Pay				$ 0.00	$ 0.00

Please see above regarding costs CSH cannot pay.

Performance **Information**	Please include performance information on the CSH Training Provider Application Performance Spreadsheet, indicating the Reporting Period used to provide the information, and submit with your application.

FOR CSH USE ONLY

Approved ☐ Not Approved ☐	Approved ☐ Not Approved ☐	Approved ☐ Not Approved ☐
CPO	CFO	President/CEO
Date	Date	Date

CSH Pgm. Info/Expense Sheet rev. March 2026

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

ADDITIONAL TRAINING COSTS: **CONTINUED**

Please show all costs associated with this program and indicate if cost will or will not be paid by you, the 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.

Additional Training-Related Item/Cost	Training Provider pays/will pay and will bill CSH* Cost	Y	N	For CSH Use Only. Allowable CSH Costs Can Pay*	Cannot Pay
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Books (itemize by title and individual cost or attach separate list)	**Use this space to list books and payment notes.**
Medical exams required for training (itemize by type/name and individual cost)	**Use 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.**
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 this space to list Test/Certification Fees and payment notes.**