

**SWAGL 15-1 – ITA Waiver Request Letter**  
**SOUTHWESTERN AREA GUIDANCE LETTER**

**DATE OF ISSUE**

July 23, 2015

**EFFECTIVE DATE**

August 1, 2015

**APPLICABILITY**

The Southwestern Area Workforce Development Board provides Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker, out-of-school youth employment, and training services.

**OBJECTIVE**

To outline the requirements for the submission of a waiver in accordance with Individual Training Account Policy 12-08.2, Section J.(1).

**BACKGROUND**

References include the following: Public Law WIOA Individual Training Accounts (ITA) provides a mechanism for the payment of training expenses to eligible training providers for individuals receiving funds from the Workforce Innovation and Opportunity Act (WIOA).

**REFERENCE**

Individual Training Account Policy 12-08.2, Section J. states;

- A. The allowable amount of training costs applicable to all Individual Training Accounts (ITAs) is dependent upon the type of occupational skill training and the range of costs for such training. The maximum cost per individual using ITAs shall not exceed the following amounts:

Degree or Certification	Maximum Years	Maximum Amount Per Year	Total Maximum Amount
Bachelors	5	\$2,000.00	\$10,000.00
Associates	3	\$2,000.00	\$6,000.00
Short-term Certifications	1	\$4,000.00	\$4,000.00

- B. A waiver request may be submitted to the WIOA Administrator to exceed the Maximum Amount per Year when it is demonstrated that the participant's financial need exceeds

their financial resources. The WIOA Administrator is authorized to grant or not grant the waiver. The Administrative Entity will provide a guidance letter on the waiver request criteria and submission instructions.

**ACTION**

- A. When the WIOA Training Services Contributions and Cost Sharing Worksheet of WIOA 18B shows an unmet need that exceeds \$2,000.00 for an Associates or Bachelor's degree in the Direct Training Expenses category, service providers must provide a narrative justifying the need. (Living Expenses are excluded – see attached WIOA 18B)

- B. Short-term Certifications are not waiver eligible.
- C. The candidate's WIOA 18B must be attached to the waiver request letter.
- D. Address the Waiver Request Letter to:

Steve Duran, WIOA Administrator  
 Southwestern Area Workforce Development Board  
 PO Box 1072  
 Elephant Butte, NM 87935

**AND**

Email to:

[sduran@sccog-nm.com](mailto:sduran@sccog-nm.com)

[ccraft@sccog-nm.com](mailto:ccraft@sccog-nm.com)

- E. Upon receipt, an email reply will be sent indicating that a response will be provided within one to two working days.

**RESCISSION**

None

**INQUIRIES**

WIOA Administrative Entity – 575-744-4857

  
 \_\_\_\_\_  
 WIOA Administrator

**New Mexico**  
**Workforce Connection**  
 Southwestern Area

**INDIVIDUAL TRAINING ACCOUNT (ITA) CONTRACT AND COST SHARING AGREEMENT**

Participant's Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ WFC Office: \_\_\_\_\_

Funding Category:  Adult  Dislocated Worker Contract Type:  New  Returning

Semester/Term (example, spring 2013): \_\_\_\_\_ Training Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Institution's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ School ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

The individual above has been certified as eligible for WIOA training assistance and will be receiving training in the following program: \_\_\_\_\_ (must match the degree plan).

**TRAINING SCHEDULE**

COURSE NAME	DAYS/ONLINE	TIME	SEMESTER/CR HOURS

