



### Coordination of Training Funds (COTF)

**NOTE: Correction fluid/ribbon, mark through, eraser marks, write over voids this document**

**SECTION I: To be completed by WIOA staff and forwarded to Training Provider.**

To: Financial Aid Office

Attention: \_\_\_\_\_ From: \_\_\_\_\_

School: \_\_\_\_\_ Attention: \_\_\_\_\_

E-mail or Fax: \_\_\_\_\_ E-mail or Fax: \_\_\_\_\_

Participant Name: \_\_\_\_\_ PID: \_\_\_\_\_

I hereby authorize the exchange of information between the designated WIOA Service Provider Staff and the Financial Aid Office of the above named \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SECTION II: The following section is to be completed by the financial aid office and cannot be revised by WIOA staff. WIOA staff are not authorized to change**

Training Program Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

PERIODS COVERED		Start Date:	End Date:
Fall: _____	Trimester I _____	_____	_____ Full Length of Short Course
Spring: _____	Trimester II _____	_____	
Summer: _____	Trimester III _____	_____	

COST OF ATTENDANCE*		STUDENT'S FINANCIAL AID	
Tuition \$ _____		PELL Grant \$ _____	
Fees \$ _____		_____ Student is not PELL eligible	
Books, Supplies and Tools \$ _____		_____ Program is not PELL eligible	
Uniforms \$ _____			
OTHER EXPENSES RELATED TO TRAINING**		OTHER FINANCIAL RESOURCES EXCLUDING LOANS AND VA BENEFITS	
\$ _____		\$ _____	
\$ _____		\$ _____	
\$ _____		\$ _____	
\$ _____		\$ _____	
<b>TOTAL COST OF ATTENDANCE</b> \$ _____		<b>TOTAL FINANCIAL AID</b> \$ _____	

Total Cost of Attendance  minus student's financial aid  equals unmet need

By signing below, the financial aid officer (or the school's designated personnel who performs those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid awarded to the participant as part of a continuing regular information sharing process. **If corrections are needed, the training provider is required to complete a new COTF form.**

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Date

\*As defined by the Higher Education Act, Section 472, enacted December 20, 2018.

\*\*Other expenses related to training may include transportation, room and board (as defined by the Higher Education Act), vehicle insurance, and other items allowable in Section 472 of the Higher Education Act.

**Section III: The following section is to be completed by the designated WIOA Service Provider Staff.**

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant's employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

\_\_\_\_\_  
WIOA Service Provider Staff Signature

\_\_\_\_\_  
Date