



Local Operating Procedure

SECTION: Operations	PROCEDURE #: LOP 26	PAGE 1 of 2
TITLE: Issuing ITAs and Supportive Services	EFFECTIVE DATE: July 1, 2025 Revised: 7/1/25	

DISTRIBUTION

CareerSource North Central Florida Staff

PURPOSE

To establish the:

- Guidance for CareerSource North Central Florida (CSNCFL) staff and Florida Commerce (FC) employees located in CSNCFL facilities, and other authorized users.
- Procedure for issuing Individual Training Accounts (ITAs) and supportive services using the ITA Request Form.

DISCUSSION

CSNCFL Executive management has revised the issuance of ITAs and supportive services. This procedure will outline the methods for doing so.

PROCEDURE

ITAs and Prepaid Cards

OPS-03 Individual Training Account (ITA, Budgeting and Fund Coordination Policy) will be followed for determining eligibility and suitability, this LOP is strictly for the process used to issue the ITA form (attached). Additionally, OPS-04 Supportive Services Policy will be followed for determining eligibility and suitability for issuing Supportive Services, this LOP is strictly for the process used to issue the Supportive Services utilizing the ITA Request Form (attached).

After determining eligibility and receiving all required approvals, including signed ITA approval checklists for ITAs for all programs, career navigators will use the ITA Form to record the required information and secure relevant signatures. After approval of the ITA Form, the Director of Continuous Improvement or the CEO will send the ITA Form to Fiscal at Accountspayable@careersourcencfl.com.

For Issuance of Training and Supportive Services directly to vendor:

Fiscal will process the ITA form and issue an ITA Purchase Order which will encumber the funds in CSNCFL New World Environment. The Purchase Order will be sent directly to the training vendor and a copy will be sent to the Career Navigators and Program Manager. The Purchase Order will be the authority for the vendor to provide the training and/or services. After training/services have been provided the vendor will submit an invoice with all required backup documentation to Accountspayable@careersourcencfl.com for payment.

For Issuance of Prepaid Cards:

The Career Navigator will send a request to the Chief Program Officer (CPO) or designated Card Manager (CM), indicating the amount requested and the participant's name, at least 24 hours prior to the participant's appointment. The CPO or CM will submit the request to Accountspayable@careersourcencfl.com with the card #'s, participants name and Program. Finance will return the issuance form to the CPO or CM for signatures. The CPO or CM will give the prepaid cards and the issuance form to the Career Navigator for signatures. The Career Navigator will ensure all signatures are obtained and return the signed form to the CPO or CM. If the customer did not show for the appointment, the Career navigator will immediately notify the CPO or CM, who will in turn notify Finance to void the transaction. A copy of the signed issuance form will be maintained in the participant's' Atlas file.

Thank you for your attention to this procedure.

A handwritten signature in blue ink, appearing to read "Phyllis Marty".

**Phyllis Marty
CSNCFL CEO**



**CareerSource North Central Florida
Individual Training Account (ITA)
Request and Approval Form**

ITA Type (Adult/DW/Youth): _____ Date: _____

Originating Information

Office: _____

Career Navigator: _____

Phone Number: _____

Participant Information

Name: _____

State ID: _____

Date of Birth: _____

Financial Aid Information/Voucher Request Information

Has the applicant applied for a Pell Grant? _____ What is the status (approved, declined, pending?) _____

Total Semester/Quarter Tuition (books, fees): _____

If approved, total amount of Pell Award applied for this semester/quarter: _____

Total Semester/Quarter Tuition Balance requested after Pell Award applied: _____

Total approved ITA Budget for PY: _____ Total ITA previously used PY: _____

Available ITA Balance for PY: _____ ITA for Certificate Based Training: YES () NO ()

Voucher Request Information

Vendor: _____ **Total ITA amount requested:** _____

Name of Training Program and Degree Sought (certificate, AA/AS, etc.): _____

Estimated Start and Completion Dates: _____

Brief description of the type of training requested and employment possibilities:

Check all required items before submitting for approval:

<input type="checkbox"/> Assessment Results in file	<input type="checkbox"/> IEP updated - signed - in file
<input type="checkbox"/> TOL Print-out in file	<input type="checkbox"/> Casenote in EF documenting eligibility & ITA
<input type="checkbox"/> ETPL in file	<input type="checkbox"/> Training Provider Acceptance Letter in file
<input type="checkbox"/> Personal Statement (Essay) in file	<input type="checkbox"/> Scholarship Grant document in file (Pell)

Do not write below this line. This section is to be completed by the Program Manager/QA/CEO

The ITA Request was approved by the Program Manager on this date, _____ Initials _____.
The ITA Request was approved by the QA Manager on this date, _____ Initials _____.
The ITA Request was approved by the CEO on this date, _____ Initials _____.
The ITA Request WAS NOT APPROVED on this date: _____ for the following reason: _____
_____ Voucher ITA # _____.