Appendix B

Illinois Workforce Pell Application Elements

This document is the copy of application elements or questions to be used as a resource. Completing the application will likely require a team of institutional members. Applications should be completed using the JotForm link. Since the application is dynamic depending on the type of institution, type of program, and whether the program is credit or noncredit, not all questions in this document may appear in the online application.

SECTION I — PROVIDER INFORMATION

A. Provider Information

1. Legal Entity Name
2. Federal Employer Identification Number (FEIN)
3. Organization Type (Public Institution / Private Nonprofit / Private For-Profit / Other)
4. Institution OPEID (if applicable)
5. State of Legal Authorization
6. Accreditation Agency (institutional)
7. Accreditation documentation in good standing (e.g. accreditation status or action letter)- **DOCUMENTATION UPLOAD**
8. Program Participation Agreement Expiration Date
9. Is the program included in the institution's scope of accreditation? If unknown, the institution should check with the institutional accreditor. (Y/N/Unknown)
10. **Attestation:** If the program is not yet approved by the institution's accreditor, the institution attests that it understands that it cannot seek U.S. Department of Education approval for Workforce Pell eligibility until it is approved the accreditor.
11. Financial Health of the Institution (completed GASB or FASB Forms 2 and 3): Institutions must submit their most recently completed GASB (for public institutions) or FASB Forms 2 and 3 (for private nonprofit institutions) financial statements documenting expenses and revenue, as reported through the Integrated Postsecondary Education Data System (IPEDS) financial health variables. This documentation will need to be specific to their operations in Illinois. Private for profits must complete FASB Forms 2 and 3 for the purposes of Illinois Workforce Pell Approval. **DOCUMENTATION UPLOAD**

B. Provider Address & Contact

10. Physical Address
11. Training Site Address(es) (Upload required if more than 6)
12. City, State, Zip Code
13. Primary Contact Name, Title, Department
14. Primary Contact Email & Phone

C. Title IV Compliance History

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15. Have you been subject to suspension, emergency action, or termination under Title IV within the past 5 years? (Y/N)

SECTION II — PROGRAM INFORMATION

A. Program Overview

16. Program Name
17. Program Description
18. CIP
19. Anticipated Program Start Date(s) with Workforce Pell Usage (must be after January 1, 2027)
20. Date Program Approved by ICCB or IBHE
21. Date Program First Operated (in compliance with the length and hour requirements), must be ≥12 months old for Secretary approval)
22. Type of Program (Certificate, Non-credit Occupational, RA Component, Other)
23. *If Registered Apprenticeship program, Certificate of Registration for the Registered Apprenticeship Program*
24. *If Registered Apprenticeship program, Official RAPIDS registration information or registration number*

B. Instructional Structure

25. Credit or Noncredit?
26. Length in Weeks (must be 8–14) for fall, spring, and summer semesters
    a. *Clock Hours (150–599) OR*
    b. *Semester/Trimester Hours (4–15) OR*
    c. *Quarter Hours (6–23)*
27. Delivery Method (In-person / Online / Hybrid)
28. Program Length and Hours- **DOCUMENTATION UPLOAD**
29. Does the program include any correspondence, study abroad, or direct assessment coursework? (Must be NO)
30. **Attestation**: The institution attests that no more than 25% of instruction is offered by an ineligible institution or organization through a written agreement, unless the written arrangement is part of a Registered Apprenticeship.

SECTION III – CURRICULUM & COMPETENCIES

A. Curriculum Evidence

31. Curriculum outline- **DOCUMENTATION UPLOAD**
32. List competencies & learning outcomes - **DOCUMENTATION UPLOAD**

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B. Credentialing

33. Does this program prepare students to earn a credential (e.g., licensure, certification, or other industry-recognized credential)? Y/N
34. Credential Type (industry certification, license, RA Certificate of Completion, certificate, etc.)
35. Credential Name
36. Issuing Body (must be recognized authority), if applicable

C. Articulation and Credit Award

37. Describe how the institution will prepare students to pursue one or more certificate or degree program at one more eligible institutions, including by ensuring students upon completion and subsequent enrollment will receive academic credit for the program.
38. Number of credit hours granted
39. Receiving institution(s)
40. Signed articulation/transfer agreements (MOU, consortium agreement, credit transfer policy) **DOCUMENTATION UPLOAD**
41. Student-facing disclosures on credit transfer - **DOCUMENTATION UPLOAD**

D. Stackability and Portability Requirements

42. Is this a stand-alone program?
43. What is the next credential in pathway?
44. Institutions shall provide one or more of the following as evidence for stackability: curriculum maps, program catalogs, articulation agreements, job descriptions, ICCB-approved program of study application. **DOCUMENTATION UPLOAD**
45. Portability: A credential shall be considered portable if it meets the following:1) The credential is recognized by more than one employer beyond the awarding institution or region, or, 2) It aligns with industry standards or external quality indicators (e.g., industry bodies, national standards) that prepares students for certification or licensure. Institutions shall provide one or more of the following as evidence for portability: employer verification, competency map, regional job postings, program accreditation. **DOCUMENTATION UPLOAD**

SECTION IV – OCCUPATIONAL ALIGNMENT

A. Eligible Occupation Verification

46. Does this program prepare students for an occupation included on the Eligible

Occupations Training List? Y/N

47. SOC Code(s) (6-digit): Primary occupation that the program prepares students for.
48. Expected wages for students when they exit and enter employment in the region. (Table allows for multiple SOC and wages). Institutions should utilize regional median wages from a reputable source.
49. Geographic Scope of Program
50. Describe the Geographic Scope of Program in more detail (e.g. EDR 10, Southern Region, etc.)
51. Does this occupation require individuals to have completed a program that is approved, recognized, or accredited by a state body or third party? (e.g. program accreditation)
52. If yes, evidence that the program is in good standing by the appropriate state or recognizing body. **DOCUMENTATION UPLOAD**

B. Employer Validation

53. Describe how the institution validates its program with employers
54. Evidence for Meeting the Demand of Employers. **DOCUMENTATION UPLOAD**
55. Evidence for Competency Alignment. **DOCUMENTATION UPLOAD**
56. Employer Letter(s) **DOCUMENTATION UPLOAD**
57. Indicate if you would like this program to be approved for inclusion on the WIOA Eligible Training Provider List. (Y/N)

SECTION V — PROGRAM COSTS

A. Tuition & Fees

58. Tuition
59. Required Fees (itemized)
60. Books & Supplies
61. Total Published Tuition & Fees
62. *Link to Published Tuition and Fees*

B. Attestation on Cost Structure

63. Institution acknowledges tuition/fees must not exceed the annual value-added earnings metric for continued eligibility.

SECTION VI — PERFORMANCE & OUTCOME DATA

64. Name of Institutional Research Contact, Email

A. Completion Rate (≥70%)

(Measured within 150% normal time; mandatory for §690.94 approval.)

65. Completion Rate (%), if known
66. Methodology

B. Job Placement Rate (≥70%)

(Measured in second quarter after exit; in-field after 2028–29.) ICCB and IBHE will collect student-level data using the Supplemental Student-Level Data Template in order to conduct a match with IDES wage records in order to determine job placement rate. If placement data is already known, please indicate, otherwise, leave blank.

67. Placement Rate (%), if known
68. Methodology, if known
69. **Institutional Attestation:** The institution attests that it will submit the required student-level data using ICCB or IBHE's data submission process prior to the August 31, 2026

SECTION VII — NON-FEDERAL AID MONITORING PLAN AND STUDENT SUPPORT

A. Monitoring Procedures

70. Describe how you will track non-Federal aid awards.
71. Describe how you will reduce non-Federal aid or return Pell funds when aid ≥ COA.

B. Student COA Adjustment Process

72. Cost-of-attendance policies. **DOCUMENTATION UPLOAD**
73. Proposed Pell-only aid limitation (no loans, FWS, FSEOG)
74. Professional judgment policy (must prevent inflation for Pell eligibility). **DOCUMENTATION UPLOAD**
75. Proposed Statement that students cannot receive concurrent Pell for any other program (§690.11)
76. Describe how students will be provided with financial aid literacy.

C. Student Aid Support

77. Proposed advising script used by staff. **DOCUMENTATION UPLOAD**
78. Program webpage screenshots with disclosures. **DOCUMENTATION UPLOAD**

SECTION VIII — ATTESTATIONS

Under §§690.96–97, programs may lose eligibility for:

- Falling below 70% completion or placement

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- Tuition/fees exceeding value-added earnings
- Value-added earnings ≤ 0
- Loss of Governor approval

Institution Attestations

79. Acknowledge loss-of-eligibility rules
80. Acknowledge 2-year prohibition on re-approval for substantially similar programs
81. Acknowledge documentation required for reinstatement
82. The applicant agrees to provide: information on students enrolled in the program, including completers, student location data, tuition / fee data.

The authorized signatory attests that:

- All information is true and complete
- Provider agrees to all reporting and data-sharing requirements
- Provider understands performance requirements and potential loss of eligibility
- Provider understands tuition/fee compliance with value-added earnings
- Provider agrees to maintain all documentation for audit and federal review

83. Name of Person Attesting to These Terms
84. Authorized Signatory Signature