**Part A: Applicant Information**

All elements of Part A will be completed in the online application form. The online system does not save works in progress so applicants may wish to complete their information in this document and copy responses into the online application.

**Submit all application materials through the** [**online application form**](https://app.smartsheet.com/b/form/be7bc20666b14625830a20fb082e917f)**.**

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| **Lead Applicant Information** |
| **Program Name** |  | **UEI #** |  |
| **Mailing Address** |  | **LEA/BOCES Code (if applicable)** |  |
| **Website** |  |
| **Lead Applicant Organization Type** |
| **☐** School District **☐** Board of Cooperative Services**☐** State Institution of Higher Education**☐** Local District College**☐** Area Technical College**☐** Community-Based Nonprofit Agency or Organization**☐** Indian Tribe or Nation | **☐** Charter School**☐** Library**☐** Literacy Council or Other Literacy Institute**☐** Business Or Business Association**☐** Volunteer Literacy Organization**☐** Local Workforce Board**☐** One-Stop Partner |
| **☐** Consortium of Adult Education Providers (if so, list the organizations’ names and types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**☐** Other (if so, describe: ) |
| [**Authorized Representative Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Fiscal Manager Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Primary Program Contact Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Secondary Program Contact Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Local Assessment Coordinator Contact Information (if providing NRS assessments)**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Accessible Design Coordinator Contact Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**LACES System Administrator Contact Information**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| [**Distance Education Coordinator**](#_Attachment_D:_Grantee) |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
|  |
| **Total Funding Requested** |  |
| **Partnership Type (Select One)** |  **☐** Workforce Development Partnership **☐** Education Attainment Partnership |
| **Populations Served with Federal Funding** |
| **Are you currently a 2020-24 federal Adult Education and Family Literacy Act (AEFLA) grantee?** | **☐** Yes **☐** No |
| **§22-10-104(1)(c), C.R.S. states that “*In awarding grants payable from state appropriations, the state board may give preference to adult education programs that serve populations that are underserved by federal funding.”* Does the program proposed by the applicant serve populations that are underserved by federal funding?** | **☐** Yes **☐** No |
| **Define the population(s) you are applying to serve (check all that apply):** |
| **☐** Minority group(s)**☐** Adults that have not completed ninth grade or may otherwise be identified as lowest-level learners**☐** Adults that do not have a high school diploma or equivalency**☐** Adults that are not enrolled in or have not completed adult education and literacy programs**☐** Adults receiving state or federal public assistance**☐** Adults who are unemployed workers**☐** New Americans**☐** Other (if so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **How are these populations underserved? (check all that apply)** |
| **☐** Comparable services are not offered within 20 miles of the proposed applicant program location(s).**☐** Comparable services are not offered within 50 or more miles of the proposed applicant program location(s).**☐** Comparable services are offered near the proposed applicant program location(s), but adult learners do not have access to reliable transportation that would allow them to use the comparable services. **☐** Comparable services are offered in the area, but the other program(s) do not have enough capacity to fulfill the need.**☐** Comparable services are currently offered by the applicant but there is not enough financial capacity to fulfill the need.**☐** Other (if so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| **Applicants must elaborate on the information provided above about populations underserved by federal funding in the Section A of the application narrative.** |
| Will the adult education program result in learners achieving secondary school diplomas? (For example, a local High School diploma. Note: secondary school diplomas do not include equivalency diplomas earned by passing tests such as the GED or HiSET assessments).  | **☐ Yes****☐ No** |