|  |  |  |
| --- | --- | --- |
| **Name of Applicant Organization** |  | |
| **Title of Project** | **FY 2026 Consolidated Adult Education**  **and Family Literacy Services Grant**  **Continuation Application** | |
| **Project Administrator** |  | |
| **Address** |  | |
|  | |
| **Telephone Number** |  | |
| **E-Mail Address** |  | |
| **Total Amount Requested** | **$** | |
| Matching Funds (Cash) | $ | |
| Matching Funds (In-Kind) | $ | |
| **Total Match** | **$** | |
| **Total Program Income (Revenue)** | **$** | |
| **Total Amount Requested**  **(Do NOT include Match)**  **(A)** | **Number of Learners to be Served**  **(B)** | **Cost Per Learner**  **(A/B)** |
| **$** |  | **$** |
| **Unique Entity ID:** | | **Amount Requested**  **by Funding Line** |
| **FEIN:** | |
| **STATE FUNDING** | | |
| 1. Adult General Education (AGE) | | $ |
| 1. Literacy Works (LW) | | $ |
| 1. National External Diploma Program® (NEDP) | | $ |
| **State Total** | | **$** |
| **FEDERAL FUNDING** | | |
| 1. Adult Basic Education & English as a Second Language   (ABE & ESL) | | $ |
| 1. Adult Secondary Education (ASE) | | $ |
| 1. Local Institutionalized (LI) | | $ |
| 1. National External Diploma Program® (NEDP) | | $ |
| 1. Family Literacy (FL) | | $ |
| 1. Integrated English Literacy & Civics Education (IELCE/IET) | | $ |
| **Federal Total** | | **$** |
| **GRAND TOTAL OF AMOUNT REQUESTED** | | **$** |
| **Signature:**  (Head of Grantee Agency) | | |
| **Title:** | | **Date:** |

**Application Checklist**

|  |  |  |
| --- | --- | --- |
| **SECTION PLACEMENT ORDER** | **ITEM** | **Check upon completion ✔** |
| **Section 1: Documentation** | Cover Page |  |
| Application Checklist |  |
| Goals |  |
| Qualification of Personnel Chart |  |
| GEPA |  |
| Data Quality Checklist |  |
| Certificate of Good Standing  OR  Letter of Certificate of Good Standing Ineligibility |  |
| IRS Determination of IRC §501(c) tax exempt status (if applicable) |  |
| W-9 |  |
| Family Literacy Partnership Expectations (if applicable) |  |
| ABE & ESL Class Schedule |  |
| **Section 2: Budget** | Budget Workbook (Preliminary)  (Final Budgets due 30 days after receipt of the Notice of Grant Award) |  |
| Admin Cost and Match Worksheet |  |
| **Section 3: Professional Development** | Professional Development Plan (Preliminary)  (Final PD Plan due 30 days after receipt of the Notice of Grant Award) |  |
| **Section 4: Assurances and Certifications** | Assurances and Certifications |  |
| **Section 5: IELCE-IET (If Applicable)** | IELCE & IET Class Schedule |  |
| IELCE-IET Budget (Preliminary)  (Final Budget due 30 days after receipt of the Notice of Grant Award) |  |
| **Section 6: IET**  **(If Applicable)** | Proposed IET Application (from any budget) |  |
| **Section 7: NEDP**  **(If Applicable)** | NEDP Schedule |  |
| NEDP Budget (Preliminary)  (Final Budget due 30 days after receipt of the Notice of Grant Award) |  |
| NEDP Assurances |  |

**GOALS**

Use this space to list your goals. (See Overview for more details.)

**Qualification of Personnel Chart**

**State Required Key Staff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time on Project** | | **Credentials and Experience** | | | |
| **Number of Hours per Week** | **Number of Weeks** | **Bachelor’s Degree** | **Master’s Degree** | **Terminal Degree** | **Years of Adult Ed** |
| Program Administrator  Name:  Phone:  E-Mail: |  |  |  |  |  |  |
| Instructional Specialist  Name:  Phone:  E-Mail: |  |  |  |  |  |  |
| Intake/Assessment Specialist  Name:  Phone:  E-Mail: |  |  |  |  |  |  |
| Management Information Systems Specialist  Name:  Phone:  E-Mail: |  |  |  |  |  |  |

**Additional Key Staff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time on Project** | | **Credentials and Experience** | | | |
| **Number of Hours per Week** | **Number of Weeks** | **Bachelor’s Degree** | **Master’s Degree** | **Terminal Degree** | **Years of Adult Ed** |
| Title:  Name:  Phone:  E-Mail: |  |  |  |  |  |  |
| Title:  Name:  Phone:  E-Mail: |  |  |  |  |  |  |
| Title:  Name:  Phone:  E-Mail: |  |  |  |  |  |  |

**Teachers, Volunteers, and Other Staff**

|  |  |  |
| --- | --- | --- |
| **Paid Teachers or Tutors**  **All teachers/tutors must have a minimum of a bachelor’s degree** | **Number**  **Full Time** | **Number**  **Part Time** |
| ABE |  |  |
| ASE |  |  |
| ESL |  |  |
| NEDP Advisors and Assessors |  |  |
| **Total Teachers/Tutors, Unduplicated** |  |  |
| **Volunteers–Unpaid** |  |  |
| Assist in classes as needed |  |  |
| Tutor learners one on one |  |  |
| Assist in office as needed |  |  |
| **Total Volunteers, Unduplicated** |  |  |
| **Other Staff (provide title)** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

OMB Control Number 1894-0005

Expiration 2/28/2026

**NOTICE TO ALL APPLICANTS:**

**EQUITY FOR STUDENTS, EDUCATORS, AND OTHER PROGRAM**

**BENEFICIARIES**

**(General Education Provisions Act/GEPA)**

Section 427 of the General Education Provisions Act (GEPA) (20 U.S.C. 1228a) applies to applicants for grant awards under this program.

ALL APPLICANTS FOR NEW GRANT AWARDS MUST INCLUDE THE FOLLOWING INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

Please respond to the following requests for information:

|  |
| --- |
| 1. Describe how your entity’s existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity. |
|  |
| 2. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries? |
|  |
| 3. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity? |
|  |
| 4. What is your timeline, including targeted milestones, for addressing these identified barriers? |
|  |

**Data Quality Standards**

*Local Program Data Quality Checklist*

**Background and Purpose**

The development of a Local Program Data Quality Checklist is driven by the need for local programs to have effective self-monitoring tools around data collection and reporting. Several benefits can be gained by using this tool. First, local programs will be well-informed about what is necessary to know and do to ensure quality data. Second, local programs can use the tool to conduct a self-assessment regarding program practices and policies. The results of the assessment can support program teams in setting an action plan to improve practices. Finally, local program administrators can use this tool to share best practices with the entire team to create a common language about data quality and to ensure that everyone understands why policies exist and the value of having high quality data to support program improvement.

**Action Required:**

1. Complete the *Data Quality Checklist* cover sheet.
2. Read through each of the four Content Areas on the *Data Quality Checklist: The Tool* to prepare for the types of questions your program will need to respond to. As your program responds to the prompts and considers current program practices, be sure to provide as many specifics as possible. When sharing this document with your team, it is beneficial for everyone to understand program practices clearly.
3. Determine which quality level your program meets for each Content Area – *Acceptable*, *Superior* or *Exemplary*. Your program’s quality level is determined by the scoring interval for which *all* items have successfully been met. Your program may have some items met in the quality level above that, but in order to score your program at a specified level, your program must meet *all* of the item requirements in that category. In order to score your program as Exemplary, your program must meet *all* of the item requirements in the Exemplary, Superior and Acceptable categories.
4. Once your program has a grasp of your program practices, you must make a plan to improve your data quality practices (where applicable). On the *My Program at a Glance: Data Quality Improvement* worksheet, each content area has its own planning template. Complete each template, indicating which “standard” your program did not meet, and how your program plans on addressing this.

\*\*\*\*\*If a local program fails to meet a minimum of *Superior* standards in any area, your program must complete and submit the *My Program at a Glance: Data Quality Improvement* that describes how it will move toward *Superior* quality within the next fiscal year. The plan must address all standards that your program did not meet, describe what new policies or procedures will be put in place to meet the standards, identify barriers to moving to a higher quality level, and outline the technical assistance needed to implement the plan.  
  
The data quality standards are organized into four content areas that define high quality data collection systems. These areas are defined below:

**Content Area 1: Data Foundation and Structure**

This Content Area addresses whether the local program has the foundation and structures for collecting quality data that meets National Reporting System (NRS) guidelines. Standards measure whether your program has policies for assessment and follow-up; whether your program implements these policies; and whether your program conducts validity studies to ensure processes are working to produce accurate and reliable data.

**Content Area 2: Data Collection and Verification**

This Content Area addresses whether the local program collects measures according to NRS guidelines using procedures that are likely to result in high reliability and validity. Standards also address whether data are collected in a timely manner, are systematically checked for errors, and whether your program also has processes for verifying the validity of the data.

**Content Area 3: Data Analysis and Reporting**

The quality standards in this Content Area include whether your program has systems for analyzing and reporting data, including appropriate databases and software. The standards also address whether analyses and reports are produced regularly, are used to check for errors and missing data, meet NRS and State needs, and are useful to State and local staff for program management and improvement.

**Content Area 4: Staff Development**

The standards in this Content Area address whether your program has existing systems for professional development for staff on NRS requirements, including whether your program provides training on data collection, measures, assessment, goal setting and follow-up procedures. Standards also focus on whether training is ongoing and continuous (for all new staff), meets the needs of staff, and is designed to improve data quality.

Within each of the four Content Areas there are three *Levels of Quality* that reflect whether your program has policies and procedures in place to improve the reliability and validity of data. These levels are outlined below:

***Acceptable Quality***

Local program policies and procedures meet the minimum acceptable conditions for implementing the NRS requirements.

***Superior Quality***

Local program policies and procedures go beyond the minimum to promote higher levels of data validity and reliability through regular oversight of data collection methods, ongoing assistance to staff members regarding NRS data issues, and procedures for verifying the accuracy of data.

***Exemplary Quality***

Local program has procedures and systems that promote the highest level of data validity and reliability, including systems for verifying accuracy of data, systems for monitoring data collection and analyses, and corrective systems to improve data on an ongoing basis. Program procedures indicate a focus on continuous improvement of the quality and accuracy of data.

**REMEMBER:**

The Data Quality Checklist presents the standards for each Content Area and *Level of Quality*. Local programs are to report whether they have implemented the policy, process, or procedure described in the standards by indicating “yes” or “no” within the Checklist. Some standards require your program to provide additional information, such as the name of the assessment used or a narrative description with more detail. All narrative descriptions should be brief but sufficient to convey the information requested. No more than a few sentences are necessary. Standards that have the “Evidence/Narrative” section grayed out do not require response.

**Note:** Programs are asked to provide the location of additional records, for example, the Pseudo SSN Log or attendance records, these files can be hard copy OR electronic. MD Labor does not specify a particular format. The records must be easily accessible, in whichever format your program chooses.

**The Data Quality Checklist: The Tool**

|  |  |  |  |
| --- | --- | --- | --- |
| Content Area 1: Data Foundation and Structure | | | |
| Acceptable Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program is aware of the *Basic Education Skills and English Language Assessments Policy*. My program’s policy mirrors the State’s policy and specifies:  * Standardized assessments to use for accountability that are valid and appropriate for adult learners. * Time periods (in hours or weeks) for when to pre- and posttest. * Score ranges tied to educational functioning levels (EFL) for placement and for reporting gains for accountability. * Appropriate guidance on tests and placement for special populations (e.g., learners who are unable to be tested due to language or disability). * Unacceptable methods of assessment for EFL placement. * Appropriate guidance on requirements and conditions for testing distance education learners reported in the NRS. | | List allowable assessments used by your program for:  **ABE** -   **ESL** - |  |
| 1. My program has written policies for following up with learners as they enter post-secondary education or training and obtain degrees and/or secondary credentials. | |  |  |
| 1. My program’s data system (LACES) can produce files for data matching that include exit dates and employment status for each learner.  * My program has established a procedure, in compliance with State policy, for collecting Social Security Numbers or other unique identifiers. * My program has established a procedure, in compliance with State policy, for how to deal with missing Social Security Numbers or other unique identifiers. This Pseudo SSN procedure has been provided to staff. * My program has established a procedure, in compliance with State policy, for setting a schedule for data collection and entry. This data collection schedule has been provided to staff. | | Indicate where your Pseudo SSN Log is kept:   Note: Learner records are filed/kept for a minimum of three prior fiscal years from the date of submission of the fiscal year’s Annual Financial Report. |  |
| 1. My program is aware of the NRS definitions for all measures, including demographic measures, contact hours, and proxy hours, defined according to NRS requirements and provided to appropriate staff. If proxy hours are used, my program is aware of the State’s written procedures on assigning these hours for blended and distance learning. | | If proxy hours are used, please identify which model(s):  ☐ Clock Time Model  ☐ Teacher Verification Model  ☐ Learner Mastery Model |  |
| Superior Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program is familiar with and uses the State Data Definition Dictionary. | |  |  |
| 1. My program follows State policy and requirements for the percentage of learners to be pre- and post-tested. | | **Pretesting**: 100% of all enrolled learners must be pretested. Pretesting must occur within the first six hours of intake/entry into program. **Post testing**: At least 70% of enrolled learners must be post tested. |  |
| 1. My program is aware of and accesses additional technical assistance and resources on assessment and data collection (site visits, manuals, online resources, etc.). | | (Check all the apply) ☐ Attend LACES training(s) ☐ Contact assigned MD Labor program specialist ☐ Access MD Labor site and NRS site ☐ Network with other grant recipients ☐ Attend MIS Community of Practice |  |
| Exemplary Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program can verify that we are following State data policies and procedures through quarterly data review and annual enrollment verification monitoring visits. | | Indicate where quarterly data review and documentation for monitoring visits are kept: |  |
|  |  | | |
| Content Area 2: Data Collection and Verification | | | |
| Acceptable Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program uses the Literacy, Adult, and Community Education System (LACES), that has individual learner records within a relational database structure. The MIS incorporates NRS measures using common definitions and categories. | |  |  |
| 1. My program uses LACES’ error checking functions (e.g., that identify out-of-range values and missing data). | |  |  |
| 1. My program has and is using the State’s standardized/adapted enrollment form on paper or electronically for collecting learner information (e.g., intake, assessments, attendance, goal setting, and learner signature in blue ink or electronically) that includes all NRS measures and has correct NRS definitions and categories. My program’s learner enrollment form includes, at the minimum, all of the mandatory data fields on the State’s model enrollment form. | | Submit a copy of your program’s current learner enrollment form or link to electronic form to MD Labor for review and file. |  |
| 1. My program is aware of and follows guidelines and procedures for recording contact hours that conform to NRS requirements. A daily attendance/sign-in record is mandatory and must contain elements which identify the class, teacher, class time, class date, learner names, learner signatures, and hours attended. | | Indicate where daily attendance/sign-in records are kept: |  |
| 1. My program has designated staff with clear responsibility for data collection and data entry. | | Indicate who is responsible and contact information: |  |
| 1. The designated data quality staff in my program checks for errors on learner enrollment forms after submissions by teachers. | |  |  |
| Superior Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program enters data into LACES at least monthly. | |  |  |
| 1. My program reviews data at least quarterly for errors, missing data, out-of-range values and anomalous data. My program has a system or documented procedures for correcting and resolving these errors. (e.g., run LACES Fiscal Year Based Diagnostics Searches, review errors, contact IAS or instructors, if necessary, correct errors, conduct periodic class/site visits to observe and review data collection procedures and review learner files.) | |  |  |
| 1. My program seeks out additional technical assistance as needed. | |  |  |
| Exemplary Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program is aware of the State’s system for verifying (through LACES, onsite monitoring, contact with local staff) that my program complies with State data collection procedures. | |  |  |
| 1. My program is in regular contact with appropriate State and local staff and/or LACES Helpdesk to review and discuss data issues and to receive technical assistance on data analysis and reporting. | | (At least one) ☐ MD Labor Program Specialist  ☐ LACES Helpdesk  ☐ MIS Community of Practice |  |
|  | | | |
| Content Area 3: Data Analysis and Reporting | | | |
| Acceptable Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program can produce required reports for the State and program monitoring, including federal NRS tables. | | Indicate where reports are kept: |  |
| 1. My program is able to report disaggregated data by subpopulation (e.g., learner age, race, sex) and program (e.g., ABE, ESL, ASE, correctional education, distance education). | |  |  |
| Superior Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a staff person familiar with the data, but not directly involved with data collection and data entry, review NRS reports for errors and accuracy. | | Indicate who is responsible and contact information: |  |
| 1. My program uses data, at least quarterly, for *program* *management and improvement*. (e.g., identifying trends) If **yes**, provide an example of using data for this purpose in the last fiscal year. | | Example: |  |
| 1. My program can produce reports to analyze data related to a *program specific concern*. If **yes**, provide an example of using data for this purpose in the last fiscal year. | | Example: |  |
| Exemplary Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a system of regular contact with staff regarding data analysis issues and reporting needs to identify technical assistance needs. | |  |  |
| 1. My program has documented procedures for dealing with data analysis problems and deviations. Specifically, the observations from the quarterly reports. | |  |  |
| 1. My program compares data with prior years’ data for discrepancies, reasonableness and to identify trends in performance. | | Maintains file of federal and local program reports for at least three prior fiscal years. Indicate where reports are kept: |  |
| 1. My program has procedures to verify that reports accurately reflect data collected (e.g., through review of site and teacher documentation). | |  |  |
|  | | | |
| Content Area 4: Professional Development | | | |
| Acceptable Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program’s leadership staff has attended the State planned LACES training and is also aware of the *Basic Education Skills and English Language Assessments Policy*, data collection, and goal setting procedures. | |  |  |
| 1. My program staff has received internal training on data collection procedures (data entry). | | Indicate where agenda and sign in sheets are kept: |  |
| 1. My program staff has received internal training on how to produce and/or interpret LACES and NRS reports. | |  |  |
| Superior Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. Internal LACES training is planned and delivered based on the needs of my program, which have been communicated through evaluations of previous trainings. | |  |  |
| 1. My program provides ongoing support to staff for collecting data. | |  |  |
| Exemplary Quality | | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a system for continuous training of staff on LACES issues, data collection, data reporting, and data analysis through regularly scheduled training sessions or other resources (e.g., Orientation for New Teachers, etc.). | |  |  |
| 1. My program has timely intervention strategies to identify data problems as they occur and to provide training to staff to correct the problems. | |  |  |

**My Program at a Glance: Data Quality Improvement**

**Directions:** Once your program has completed the Data Quality Checklist, indicate your program’s score for each of the Content Areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Content Area 1: Data Foundation and Structure** | | | | | | |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Content Area 2: Data Collection and Verification** | | | | | | |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Content Area 3: Data Analysis and Reporting** | | | | | | |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Content Area 4: Professional Development** | | | | | | |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** | | | | | | |
|  | | | | | | |

**Letter of Certificate of Good Standing Ineligibility**

By signing this letter, I am certifying that our agency, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of agency)

is ineligible to obtain a Certificate of Good Standing from the Maryland State Department of Assessment and Taxation (SDAT).

Our agency is ineligible to obtain the Certificate of Good Standing for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Name of Head of Grantee Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Grantee Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Family Literacy Partnership Expectations**

|  |
| --- |
| ***Between***  ***and*** |

**Part I**

**Purpose:**

This Family Literacy Partnership Expectations document (the Agreement), dated herein, outlines the agreement between the above-named parties, to collaborate in providing Family Literacy Services during the fiscal year beginning on July 1, 2025, and ending on June 30, 2026.

**Definition:**

The partnership covered by this Agreement must offer all four Family Literacy components, in adherence to the federal definition of Family Literacy Services ([20 USC § 7801(24)](https://www.law.cornell.edu/uscode/text/20/7801#24)), i.e., services that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family, and that integrate all of the following activities:

1. Parent literacy training that leads to economic self-sufficiency (Adult Education including Adult Basic Education [ABE], Adult Secondary Education [ASE], or English Language Acquisition [ELA])
2. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children (Parent Education)
3. Interactive literacy activities between parents and their children (ILA, parent/child together activities [PACT])
4. Age-appropriate educational activities to prepare children for success in school and life experiences.

**Partner Responsibilities:**

All partners to this Agreement must agree to commit the necessary resources to deliver and ensure integration of the components of Family Literacy listed above. The Adult Education partner must provide an adult instructional Program that meets all Maryland Department of Labor (MD Labor) standards for Adult Education and Family Literacy. Under no circumstances may Adult Education and Family Literacy funds be used to support the interactive parent and child activities or the children’s educational activities. Child-focused activities must be delivered and funded by a qualified partner with demonstrated expertise in age-appropriate children’s education. Either the Adult Education Family Literacy program or the partner may deliver and fund the Parent Education component. Additionally, all partners to this partnership expectations document agree to commit resources for joint planning for integration of the four components and for team meetings.

**Part II**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Adult Education** | | | |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Parent Education** | | | |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Interactive Literacy Activities** | | | |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Children’s Educational Activities** | | | |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Coordination and Planning for Integration** | | | |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This Agreement shall become effective when fully executed by all parties. It shall remain in effect for the fiscal year beginning July 1, 2025, and ending June 30, 2026. A written notification is required of all parties and the Department of Labor, Division of Workforce Development and Adult Learning, Office of Adult Instructional Services, at least 90 days prior to the termination date, to terminate this Agreement.

**Signatures**

**Signature 1 Signature 2**

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Education Program Administrator

**Signature 3 Signature 4**

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