# 2024-25 AELA General Program Assurances

## Office of Adult Education Initiatives

### General Program Assurances

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application for the Adult Education and Literacy Act grant, and the receipt of program funds.

On \_\_\_\_(date)\_\_\_\_\_, the Authorized Representative of \_\_\_\_\_\_\_\_\_\_(organization name) \_\_\_\_\_\_\_

hereby agrees to the following general AELA program assurances:

1. The grantee will work with and provide requested data to CDE for the AELA grant within the time frames specified.
2. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
3. That funds will be used to supplement and not supplant any funds currently being used to provide adult education services and grant dollars will be administered by the appropriate fiscal agent.
4. That funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
5. That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
6. The applicant will not use any funds made available under AELA for the purpose of supporting or providing programs, services, or activities for individuals who are not “eligible adults” as defined in the law unless it is providing programs, services or activities related to family literacy activities.
7. The applicant will ensure that each of the identified grantee contacts (see the AEI Handbook’s [Staff Designations](https://www.cde.state.co.us/cdeadult/grantees/handbook/staff-designations-and-responsibilities)) has adequate time and resources to meet the expectations and fulfill the requirements of the contact role in relation to the AELA grant.
8. The applicant will provide a description of how funds awarded under AELA will be spent according to the instructions outlined in the annual budget template.
9. The applicant will provide a description of any cooperative arrangements the eligible provider has with any other agencies, institutions, or organizations for the delivery of adult education and literacy activities.
10. The applicant will retain sole responsibility for the project even if subcontractors are used to perform certain services.
11. The applicant will complete and submit Quarterly Performance Reports by the published due dates.
12. The applicant will complete and submit Interim Financial Reports by the published due dates.
13. The applicant will complete and submit an Annual Financial Report (part of the annual budget template) by the published due date.
14. The applicant will comply with all state policies and requirements.
15. The applicant will maintain and use the LACES adult education reporting system, and submission of available data will be in accordance with guidelines set forth by CDE.
16. The applicant will participate in program evaluation, including but not limited to onsite and desktop monitoring and data analysis.

**Termination Policy**

The Colorado Department of Education has the discretion to terminate a grantee’s award if there has been a failure to comply with the provisions of the award; reasonable progress has not been made; grant requirements have been violated, and/or the purposes for which the funds were awarded have not been or will not be fulfilled. CDE will provide a thirty (30) days’ written notice to the grantee.

Examples include but are not limited to:

* Provider fails to offer the required services/instruction
* Funds are improperly used
* Consortium lead agency fails to follow responsibilities
* Program fails to update weekly or quarterly, as applicable, input of program data and/or complete required reports in a timely manner
* Monitoring results indicate programmatic issues or evidence of noncompliance
* Program fails to reach performance targets

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before expending funds. Please contact the assigned Adult Education Program Coordinator for any modifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organization Authorized Representative |  | Signature |  | Date |
| Name of Primary Contact |  | Signature |  | Date |