**Adult Education and Family Literacy Act (AEFLA)**

**Applications Due: Monday, June 8, 2020, by 11:59 pm MT**

# Part IA: Cover Page - Applicant Information and Proposed Services

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| **Lead Applicant Information** |
| **Program Name** |  | **DUNS #** |  |
| **Mailing Address** |  | **LEA/BOCES Code (if applicable)** |  |
| **Website** |  |
| **Organization Type** |
| [ ]  Local Educational Agency (LEA) [ ]  Community-Based Organization [ ]  Faith-Based Organization[ ]  Volunteer Literacy Organization [ ]  Institution of Higher Education [ ]  Public Non-Profit Agency[ ]  Private Non-Profit Agency [ ]  Library [ ]  Public Housing Authority[ ]  Other Non-Profit Type (if so, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)[ ]  Consortium or Coalition (if so, check the boxes of the relevant entities)[ ]  Partnership Between an Employer and an Entity (if so, check the box of the relevant entity)[ ]  Other |
| Authorized Representative Information |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |
| **Primary Program Contact Information**(must be employed by the applicant) \* |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |
| **Fiscal Manager Information\*** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |
|  |
| **Total Funding Requested** |  |
| Previous Grant InformationThe following information will be verified by CDE and considered in the funding decision:\* |
| **Has the applicant previously received the Adult Education and Family Literacy Act grant?** | [ ]  Yes [ ]  No |
| If previously funded, were funds expended in a timely manner? | [ ]  Yes [ ]  No |
| If previously funded, were any unspent funds reverted back to CDE? | [ ]  Yes [ ]  No |
| **If *Yes*, please enter the year(s) and amount(s) below (Add rows as needed):** |
| **Year** |  | **Amount** |  |

**Note:** If the grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

Complete and attach after Cover Page. If needed, additional copies of this page should be attached in order to include each participating entity.

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| **Proposed Adult Education Services by Local Workforce Area/Sub-Area**Applicant must show the services proposed in each local workforce area/sub-area by placing an “X” in the relevant box(es). |
|  | **Applicant must select at least one of the services in this section.** | **Applicant may select any of these additional services.** |
| **Local Workforce Development Areas** | **Adult Basic Education** | **Adult Secondary Education** | **English as a Second Language** | **Integrated English Literacy and Civics Education** | **Workplace Adult Education and Literacy** | **Family Literacy** | **Workforce Preparation Activities** | **Integrated Education and Training** | **Corrections Education** |
| Adams |  |  |  |  |  |  |  |  |  |
| Arapahoe/Douglas |  |  |  |  |  |  |  |  |  |
| Boulder |  |  |  |  |  |  |  |  |  |
| Denver |  |  |  |  |  |  |  |  |  |
| Larimer |  |  |  |  |  |  |  |  |  |
| Mesa |  |  |  |  |  |  |  |  |  |
| Pikes Peak |  |  |  |  |  |  |  |  |  |
| Tri-County |  |  |  |  |  |  |  |  |  |
| Weld |  |  |  |  |  |  |  |  |  |
| **Colorado Rural Workforce Consortium Sub-Areas** |  |  |  |  |  |  |  |  |  |
| Broomfield Sub-Area |  |  |  |  |  |  |  |  |  |
| Eastern Sub-Area |  |  |  |  |  |  |  |  |  |
| Northwest Sub-Area |  |  |  |  |  |  |  |  |  |
| Pueblo Sub-Area |  |  |  |  |  |  |  |  |  |
| Rural Resort Sub-Area |  |  |  |  |  |  |  |  |  |
| South Central Sub-Area |  |  |  |  |  |  |  |  |  |
| Southeast Sub-Area |  |  |  |  |  |  |  |  |  |
| Southwest Sub-Area |  |  |  |  |  |  |  |  |  |
| Upper Arkansas Sub-Area |  |  |  |  |  |  |  |  |  |
| Western Sub-Area |  |  |  |  |  |  |  |  |  |