# 2024-25 Transition Planning Assurances

## (Insert Fiscal Agent Name)

### Introduction

To ensure educational and workforce services are provided at the highest levels of quality for the Adult Education and Family Literacy Act (AEFLA), the Office of Adult Education Initiatives (AEI) requires the following assurances.

Agreement to these assurances ensures the grantee commits to follow federal and state laws regarding AEFLA/IELCE.

### Transition Planning Summary

The purpose of the transition planning assurance is to ensure AEFLA funded programs maintain effective long-term operation by planning for AEFLA Program and Assurances Contacts.

**The transition summary for each Program and Assurances Contact must include the following:**

* Who will fill in the role during transition;
* What training is needed to fill the role;
* How the grantee will ensure essential duties/tasks are met;
* How the grantee will address staff capacity;
* Fiscal/budget considerations; and
* Plan for notifying AEI and updating grant documents.

### AEFLA Program and Assurances Contacts

The individuals listed below as transition contacts must be different than those indicated as filling the role on the Application Cover Page.

### Authorized Representative

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Primary Contact

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Secondary Contact

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Fiscal Contact

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Accessible Design Coordinator

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Assessment Coordinator

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### LACES System Administrator

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Professional Learning Coordinator

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

### Distance Education Coordinator

|  |  |
| --- | --- |
| Individual responsible during transition | |
| Name |  |
| Title |  |
| Phone number |  |
| Email |  |
| Transition summary for Program and Assurance Contact | |
|  | |

**Program Director Name (Printed)**

**Program Director Signature Date**