**Adult Education and Literacy Act Grant (AELA)**

**Applications Due: Tuesday, May 4 , 2021, 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** |  |
| **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 Work Force Board[ ]  One-Stop Partner |
| [ ]  Consortium of Adult Education Providers (if so, list the organizations’ names and types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (if so, describe: ) |
| **Authorized Representative Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Primary Program Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Fiscal Manager Information** |
| **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[ ]  Adults receiving state or federal public assistance[ ]  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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **If the applicant wishes to elaborate on the information provided above about populations underserved by federal funding, please do so in the Executive Summary.**  |