**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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| **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.** | | | | | | | | | | |