

## **West Virginia Department of Education Division of Career Technical Education**

### **Adult Education Request for Application (FY18)**

<b>APPLICATION GRANT TIMELINE</b>	
Press Release Announcing Grants	February 1, 2017
Application Released/Available on Website	February 13, 2017
Technical Assistance Webinar	March 7, 2017
Applications Due	April 7, 2017
Local WIB Review	April 24, 2017
Review Committee Meets	May 3, 2017
Notification Letters to Applicants	June 15, 2017
Grants Distributed	July 1, 2017

**Applications Due:** April 7, 2017

**Applications Available:** Applications, forms, guidelines, and resources are available for download at <http://wvde.state.wv.us/abe/>.

**Submissions:** Submit applications either by scanning and emailing **or** by mail to:

Mendy Marshall, Director  
1900 Kanawha Boulevard, E  
Building 6 Room 243  
Charleston WV 25305  
[mamarsha@k12.wv.us](mailto:mamarsha@k12.wv.us)

**For questions:** Submit questions to [AskAE.wvde@k12.wv.us](mailto:AskAE.wvde@k12.wv.us)

**West Virginia Department of Education  
Division of Career Technical Education**

**Adult Education  
Request for Application (FY18)**

**Agency and Contact Information:**

Name of Agency:	
County Location:	
Address:	
Email:	
Phone:	
Name of Official with Authority to Sign:	
Title:	
Signature:	
Local WIB Region:	Region: City:
Name of Local WIB Director:	

**Agency is Applying for:**

☐ Adult Education Program Funding  
☐ Correctional Education Program Funding

**Agency is Requesting:**

☐ Full-Time Program Funding  
☐ Part-Time Program Funding

**Mark the category that best describes your organization:**

- ☐ (A) Local educational agency  
☐ (B) Community – based organization or faith-based organization  
☐ (C) Volunteer literacy organization  
☐ (D) An institution of higher education  
☐ (E) Public or private nonprofit agency  
☐ (F) Library  
☐ (G) Public housing authority  
☐ (H) Nonprofit institution that is not described in any of subparagraphs (A) through (G) and has the ability to provide adult education and literacy activities to eligible individuals  
☐ (I) Consortium or coalition of the agencies, organizations, institutions, libraries, or described in any of subparagraphs (A) through (H)  
☐ (J) Partnership between an employer and an entity described in any of subparagraphs (A) through (I)

## Section 1: Program Summary

**Mark the adult education and literacy activities that your organization will provide to eligible individuals (mark all that apply)**

- ☐ Adult education
- ☐ Literacy
- ☐ Workplace adult education and literacy activities
- ☐ Family literacy activities
- ☐ English language acquisition activities
- ☐ Integrated English literacy and civics education
- ☐ Workforce preparation activities
- ☐ Integrated education and training that—

1. Provides adult education and literacy activities, concurrently and contextually with both, workforce preparation activities, and workforce training for a specific occupation or occupational cluster, and
2. Is for the purpose of educational and career advancement

Based on the activities you selected above, describe the types of current educational services provided, services you plan to offer including key initiatives and partnerships. (State Consideration)

## Section 2: Needs Assessment:

How will you identify individuals most in need of adult literacy services?

What are your policies and strategic practices for providing programs and services for individuals who have low literacy levels and individuals who are English language learners?

## Section 3: Individuals with Disabilities:

Describe your organization's ability to serve eligible individuals with disabilities, including eligible individuals with learning disabilities.

## Section 4: Past Effectiveness:

Describe your organization's past effectiveness in improving the literacy of your target population with respect to those individuals with low levels of literacy.

Complete the table below to document past effectiveness for the primary indicators of performance. Agencies new to WIOA Title II (AEFLA) may provide data based on grade level equivalency or transition outcomes or a narrative describing their programs past effectiveness with serving adult students.

Functioning Level	Total Number Enrolled		Number Completing Level	
	2014-2015	2015-2016	2014-2015	2015-2016
ABE Beginning Literacy				
ABE Beginning Basic Ed				
ABE Intermediate Low				
ABE Intermediate High				
ASE Low				
ASE High				
ESL Beginning Literacy				
ESL Beginning Low				
ESL Beginning High				
ESL Intermediate Low				
ESL Intermediate High				
ESL Advanced				
<b>Completed Goals</b>				
High School Equivalency				
Enter Postsecondary				
Enter Employment				

## Section 5: Alignment with One-stop Partners:

Describe how the activities in your program aligns with local needs as outlined in your local workforce development plan. This should include how the activities align with the goals of the local One-Stop partner.

## Section 6: Instructional Practices

Describe various types of instructional materials and educational activities used and how they align to best practices derived from the most rigorous research available and appropriate, including scientifically valid research and effective educational practice.

Indicate how your program is of sufficient intensity and quality to ensure students make substantial learning gains.

What instructional practices do you provide that include essential components of reading instruction?

How do you ensure program activities are delivered by well-trained instructors and minimum licensure qualification are met?

What instructor evaluation process do you follow? (State Consideration)

## Section 7: Resources and Support Services

Describe your strategies for integrating technology into the classroom to improve student performance.

What impact has the distance-learning format had on learning gains of students?

Describe your approach for scheduling (days, timeframes, and locations) to ensure flexibility and coordination with Federal, State, and local support services (such as child care, transportation, mental health services, and career planning) that are necessary to enable individuals, including individuals with disabilities or other special needs, to attend and complete programs. Use Appendix A to complete a Class Schedule.

What are your fiscal management procedures? (State Consideration)

## **Section 8: Integrated Education and Training**

Describe your strategies for creating and incorporating contextualized instruction. Narrative should include the resource/tools used to develop curriculum content so that an individual acquires the skills needed to transition to and complete post-secondary education and training programs, obtain and advance in employment leading to economic self-sufficiency, and to exercise the rights and responsibilities of citizenship

Describe your current/proposed strategies for providing transition services that focus on enrollment in post-secondary education and trainings.

Describe your current/proposed strategies for providing transition services that focus on placement into unsubsidized employment, concentrating on in-demand industries, and occupations that lead to economic self-sufficiency

## **Section 9: Partnerships and Development of Career Pathways**

Describe how your program activities coordinate and collaborate with other education, training, and social service resources in the community (such as elementary or secondary schools, postsecondary institutions, higher education, local workforce boards, one-stop centers, job training programs, social services business, industry, labor organizations, community-based organizations, nonprofit organizations) for the development of career pathways.

## **Section 10: Data Collection**

How often do you run reports or analyze your data to check for errors, missing data, out-of-range scores or irregular data?

Write a brief summary describing both the positive and negative results of your performance outcomes for the past program year. Please indicate a circumstance that impacted the increase or decrease of your performance outcomes.

## APPENDIX A: Class & Instructor Schedule

Class Location:		*Location Type:
Class Address/Phone:		
Class Type:	Full or Part-Time:	
Instructor:		
Weekly Class Hours of Operation:		
Weekly Instructor Schedule:		
# of Weekly Instructional Hrs:	# of Non-Instructional Hrs:	Planning Time:

Class Location:		*Location Type:
Class Address/Phone:		
Class Type:	Full or Part-Time:	
Instructor:		
Weekly Class Hours of Operation:		
Weekly Instructor Schedule:		
# of Weekly Instructional Hrs:	# of Non-Instructional Hrs:	Planning Time:

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Weekly Instructor Schedule:		
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**Submission Checklist:** Be sure to complete all required items and secure signatures when submitting your application.

For your use, do not include with application.

√	<b>Items Required to Return with the Application</b>
	<b>Application:</b> Completed, including signature on the cover page
	<b>Appendix A</b> – Completed Class Schedule with application
	<b>Federal Forms:</b> 3 forms with signatures
	<b>Budget Workbook:</b> includes 6 pages
	1. Budget form with signature
	2. Budget narrative
	3. Personnel form – full-time
	4. Personnel form – part-time
	5. Rent form
	6. Equipment inventory