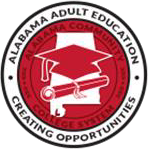
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**Alabama Community College System**

**Adult Education Division**

# Request for Funding Proposal (RFP) Application(s)

Section 231 General Services

Section 243 Integrated English Language and Civics Education (IEL/CE) Services

Section 225 Institutionalized/Corrections Education Services

**A group of people standing together

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Alabama Community College System | Adult Education Division

P.O. Box 302130, Montgomery, AL36130 | (334) 293-4567 **|**[aerfp2024@accs.edu](mailto:aerfp2024@accs.edu) | [www.accs.edu](http://www.accs.edu) | [www.accs.edu/ae-rfp](https://www.accs.edu/ae-rfp/)

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# RFP Overview

|  |  |
| --- | --- |
| **Agency:** | [Alabama Community College System (ACCS)](https://accs0-my.sharepoint.com/personal/kimberly_gaines_accs_edu/Documents/Documents/RFP/accs.edu) |
|  |  |
| **Division:** | [Adult Education Division](https://www.accs.edu/adulteducation/adult-ed-providers/) |
|  |  |
| **Application:** | Request for Funding Proposal (RFP) Application(s) |
|  |  |
| **Funding Streams:** | 1. Section 231 General Services |
|  | 1. Section 243 Integrated English Language and Civics Education  (IEL/CE) Services |
|  | 1. Section 225 Institutionalized/Corrections Education Services |
|  |  |
| **Fiscal Years:** | 2024 – 2028 (October 1, 2024– September 30, 2028) |
|  |  |
| **RFP Application Due:** | On or before Friday, May 3, 2024, 4:00 p.m. |
| **Bidder’s Webinar:** | Monday, April 8, 2024, 2:00 – 3:00 p.m. |
|  | Join Zoom Meeting: [https://accsso.zoom.us/j/86516314804](https://accsso.zoom.us/j/86516314804?from=addon) Meeting ID: 865 1631 4804 (309) 205-3325, 86516314804# or (312) 626-6799, 86516314804# |
|  | The purpose of the bidder’s webinar is to clarify questions related to the Request for Funding Proposal (RFP)[*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)for completing the RFP Application. Participation in the webinar is not mandatory to submit the RFP application; however, interested parties are strongly encouraged to participate. |
|  |  |
| **Notification of Awards:** | On or before June 28, 2024 |
|  |  |
| **RFP Questions:** | * Questions MUST be submitted in writing via email. No phone calls will be accepted. * RFP Email: [AERFP2024@accs.edu](mailto:AERFP2024@accs.edu) * Responses to questions will be posted in the FAQs on [www.accs.edu/ae-rfp](http://www.accs.edu/ae-rfp?). |
| **Non-Discrimination** | The Alabama Community College System Adult Education Division does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. |

# Application Timeline

|  |  |
| --- | --- |
| Activity | Date |
| Proposal Release Date | 04/02/2024 |
| Bidders Webinar- 2:00 – 3:00 p.m. | 04/08/2024 |
| RFP Application Due Date on or Before 4:00 pm | On or before 05/03/2024 |
| RFP Applications Sent to Readers | On or before 05/06/2024 |
| Readers Evaluate and Return RFP Applications to State Office | On or before 05/31/2024 |
| State Office Score Compilation State Determines Funding | On or before 06/14/2024 |
| State Notifies All Applicants | On or before 06/28/2024 |
| WIOA Adult Education Grant Period Begins | 10/01/2024 |

# Responses, Formatting, and Submissions

All applications must be submitted in the format and content specified in the instructions below.

1. **Application Responses** 
   1. The applicant is asked to be brief and concise in responding to the RFP questions and instructions.
   2. Each narrative response should be limited to 500 words.
   3. Each attachment must reference the section or subsection number to which it corresponds.
   4. All documents should be **submitted in order**.
2. **Formatting**
   1. Responses should be typed in the spaces provided and must be 12-point font, single-spaced.
   2. Applications must be submitted in PDF format.
   3. No handwritten applications will be accepted.
   4. Authorized Representative, Program Administrator, and Fiscal Manager must sign in BLUE INK on signature page.
3. **Submission**
   1. The Request for Funding Proposal (RFP) Application must be submitted on or before May 3, 2024, at 4:00 p.m. local time.
   2. Incomplete application packages will not be considered.
   3. Completed application packages should be emailed to [AERFP2024@accs.edu](mailto:AERFP2024@accs.edu).
   4. Applicant will receive a reply acknowledging receipt of the application.
   5. Applicant should keep a copy of the RFP application on file. There is no need to mail the application in.

# Resources

**Workforce Innovation Opportunity Act**<https://www2.ed.gov/about/offices/list/ovae/pi/AdultEd/wioa-reauthorization.html>

**Alabama State Plan**<https://wioa-alabama.org/wpfd_file/alabama-state-plan-pys-2022-2023-mod/>

**Local Workforce Board Plans**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Board Website | Type\* | Board Plan Website |
| 1 | [North AlabamaWorks!](https://wioa-alabama.org/area-1/) | LWD | <https://www.northalabamaworks.com/wioa/> |
| 2 | [East AlabamaWorks!](https://wioa-alabama.org/area-2/) | LWD | <https://www.eastalabamaworks.com/about-3> |
| 3 | [West AlabamaWorks!](https://wioa-alabama.org/area-3/) | LWD | <https://westalabamaworks.com/resources> |
| 4 | [North Central Alabama Works!](https://wioa-alabama.org/area-4/) | LWD | <https://centralsix.org/about-us-central-six/> |
| 5 | [Central AlabamaWorks!](https://wioa-alabama.org/area-5) | LWD | <https://centralalabamaworks.com/regional-info/> |
| 6 | [Southeast AlabamaWorks!](https://wioa-alabama.org/area-6) | LWD | <https://www.southeastalabamaworks.com/> |
| 7 | [SWAPTE](https://wioa-alabama.org/area-7/) | PTE | <https://sawdcalabamaworks.com/> |

\*LWD – Local Workforce Development | PTE – Partnership for Training and Employment)

**RFP Guidelines and General Instructions**

<https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf>

**Alabama Adult Education Procedure Manual**

<https://www.accs.edu/wp-content/uploads/2024/03/AdultEdProcedureManual-Revised02.06.2024.pdf>

# RFP Questions

**IMPORTANT:** After reviewing the information, eligible organizations/applicants may submit questions to the ACCS Adult Education Division (State). **Questions should be submitted in writing via email** to [AERFP2024@accs.edu](mailto:AERFP2024@accs.edu). No phone calls will be accepted. Questions and responses will be posted on the ACCS website [www.accs.edu/ae-rfp](http://www.accs.edu/ae-rfp) in the Bidder’s Webinar FAQs.

# RFP Instructions

(State Requirements)

This application can be used for multiple funding requests. Determine which request type the organization is applying for (based on column 1), then complete the items in that row.

In Column 1:

* **231** refers to Section 231 | General Services Funding
* **243** refers to Section 243 | Integrated English Language and Civics Education (IEL/CE) Services Funding
* **225** refers to Section 225 | Correction Education Services Funding

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applying for: | Considerations 1-13 | Optional Narratives | IEL/CE Funding Proposal | Doc A | Doc B | Doc C | Doc D | Doc E | Doc F | Doc G | Doc H | Doc I | Doc J | Doc K | Doc L |
| 231 Only | ✓ Responses must be applicable to the General Services. (Note: Institutional/Corrections Education and IEL/CE may be included in responses. | ✕  (Leave blank) | ✕  (Leave blank) | ✓ | ✓ | ✓  C. 1, C.2, **and/or** C.2 | ✓  D.1, D.2, **and/or** D.3 | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |
| 225 Only | ✓ Responses must be applicable to Institutionalized/ Corrections Education Services. | ✕  (Leave blank) | ✕  (Leave blank) | ✓ | ✓ | ✓ C.3 only | ✓ D.3 only | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |
| 243 Only | ✓ Responses must be applicable to IEL/CE Services. | ✕  (Leave blank) | ✓ | ✓ | ✓ | ✓ C.2 only | ✓ D.2 only | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |
| 231 and 225 | ✓ Responses must be applicable to the General Services. | ✓ Optional Narrative 225 after each Consideration | ✕  (Leave blank) | ✓ | ✓ | ✓ C.1 and C.3 only | ✓ D.1 and D.3 only | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |
| 231, 225, and 243 | ✓ Responses must be applicable to the General Services. | ✓ Optional Narratives 225 and 243 after each Consideration | ✓ | ✓ | ✓ | ✓ All | ✓ All | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |
| 231 and 243 | ✓ Responses must be applicable to the General Services. | ✓ Optional Narratives 243 after each Consideration | ✓ | ✓ | ✓ | ✓  C. 1 and C.2 | ✓ D.1 and D.2 | ✓ | ✓ | ✓ | ✓ | ✓ Read | ✓ Read | ✓ | ✓ |

# Application Submission Checklist

Proposal submissions must include all required components below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applying for: | Considerations 1-13 | Optional Narratives | IEL/CE Funding Proposal | Doc A | Doc B | Doc C | Doc D | Doc E | Doc F | Doc G | Doc H | Doc I | Doc J | Doc K | Doc L |
| 231 Only | Responses must be applicable to the General Services. (Note: Institutional/Corrections Education and IEL/CE may be included in responses. | ✕ | ✕ |  |  |  |  |  |  |  |  | ✕ | ✕ |  |  |
| 225 Only | Responses must be applicable to Institutionalized/ Corrections Education Services. | ✕ | ✕ |  |  | C.3 only | D.3 only |  |  |  |  | ✕ | ✕ |  |  |
| 243 Only | Responses must be applicable to IEL/CE Services. | ✕ |  |  |  | C.2 only | D.2 only |  |  |  |  | ✕ | ✕ |  |  |
| 231 and 225 | Responses must be applicable to the General Services. | Optional Narrative 225 after each Consideration | ✕ |  |  | C.1 and C.3 only | D.1 and D.3 only |  |  |  |  | ✕ | ✕ |  |  |
| 231, 225, and 243 | Responses must be applicable to the General Services. | Optional Narratives 225 and 243 after each Consideration |  |  |  | All | All |  |  |  |  | ✕ | ✕ |  |  |
| 231 and 243 | Responses must be applicable to the General Services. | Optional Narratives 243 after each Consideration |  |  |  | C. 1 and C.2 | D.1 and D.2 |  |  |  |  | ✕ | ✕ |  |  |
| Required if the organization is not part of the Alabama Community College System.  Audited financial statement covering the most recent two-year period. | | | | | | | | | | | | | | | |

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# Eligible Applicant

|  |  |
| --- | --- |
| An organization must be considered an eligible provider to receive federal adult basic education funding. An “eligible provider” is defined as an organization that has demonstrated effectiveness in providing adult education and literacy activities. These organizations may include, but are not limited to (as provided in WIOA Title II Section 203(5): 34 CFR 463.23): | |
| 1. Local educational agency 2. Community-based organization or faith-based organization 3. Volunteer literacy organization 4. Institution of higher education 5. Public or private nonprofit agency 6. Library 7. Corrections or institutionalized agency 8. Public housing authority | 1. Nonprofit institution not described in (a) through (g) of this section and has the ability to provide adult education and literacy activities to eligible individuals 2. Consortium or coalition of the agencies, organizations, institutions, libraries, or authorities described in (a) through (h) of this section 3. Partnership between an employer and an entity described (a) through (i) of this section 4. Other |
| Per 34 CFR § 463.24, eligible applicants must demonstrate effectiveness in providing adult education and literacy activities to individuals with low levels of literacy or English language learners in the domains of reading, writing, mathematics, and English language acquisition; AND, provide information regarding outcomes for eligible participants related to employment, attainment of secondary school diploma or its recognized equivalent and transition to postsecondary education and training. As part of the application process, each applicant must complete [Document F | Demonstrated Effectiveness Chart](#_Document_F_|) and “Demonstrated Effectiveness” in the [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)).  The ACCS Adult Education Division will determine whether an applicant has demonstrated effectiveness to be an eligible applicant if the applicant can answer “yes” to all the categories of the [Document F | Demonstrated Effectiveness Chart](#_Document_F_|); AND if the applicant has provided a narrative which includes valid and reliable data on its record of improving the skills of eligible individuals, and its record related to eligible individual’s transitional outcomes in the areas of employment, attainment of secondary school diploma or its recognized equivalent, and transition to postsecondary education and training. (See “Demonstrated Effectiveness” in the [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)*.)* | |

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# Organization Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** |  | | |
| **Address Line 2** |  | **Organizational DUNS #** |  |
| **City, State, Zip** |  | **Employer Tax ID #** |  |
| **Website** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Authorized Representative** | **Program Director** | **Fiscal Agent/Manager** |
| **First/Last Name** |  |  |  |
| **Job Title** |  |  |  |
| **Mailing Address** |  |  |  |
| **City/St/Zip** |  |  |  |
| **Telephone** |  |  |  |
| **Email** |  |  |  |
| **Signatures**  **(Original in Blue Ink)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Applicant (select all that apply):** | | | |
|  | 1. Local Educational Agency |  | 1. Corrections or institutionalized agency (see [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf) or [*Adult Education Procedure Manual*](https://staging.accs.edu/wp-content/uploads/2021/02/Adult-Ed-Procedure-Manual.pdf) for definitions) |
|  | 1. Community-Based Organization or Faith-Based Organization |  | 1. Public housing authority |
|  | 1. Volunteer Literacy Organization |  | 1. Nonprofit institution not described in (a) through (g) of this section and has the ability to provide adult education and literacy activities to eligible individuals |
|  | 1. Institution of Higher Education |  | 1. Consortium or coalition of the agencies, organizations, institutions, libraries, or authorities described in (a) through (h) of this section |
|  | 1. Public or Private Nonprofit Agency |  | 1. Partnership between an employer and an entity described (a) through (i) of this section |
|  | 1. Library |  | 1. Other (See below) |
|  | | | |
| If other, provide additional information below to clarify Applicant Type. | | | |
|  | | | |

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **State the Organization’s Mission** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
|  | | **Select the Alabama County/Counties to be Served**  (LWD – Local Workforce Development | PTE – Partnership for Training and Employment) | | | | | | | | | | | | | | | | | |
|  | | **Area 1**  **North**  **LWD** | | **Area 2**  **East**  **LWD** | | **Area 3**  **West**  **LWD** | | | | **Area 4 North Central**  **LWD** | | **Area 5 Central**  **LWD** | | | **Area 6 Southeast**  **LWD** | | **Area 7 Southwest**  **PTE** | | |
|  | |  | Colbert |  | Calhoun |  | | Bibb | |  | Blount |  | Autauga | |  | Barbour |  | Baldwin | |
|  | |  | Cullman |  | Cherokee |  | | Fayette | |  | Chilton |  | Bullock | |  | Butler |  | Choctaw | |
|  | |  | Dekalb |  | Clay |  | | Greene | |  | Jefferson |  | Chambers | |  | Coffee |  | Clarke | |
|  | |  | Franklin |  | Cleburne |  | | Hale | |  | Shelby |  | Coosa | |  | Covington |  | Conecuh | |
|  | |  | Jackson |  | Etowah |  | | Lamar | |  | St. Clair |  | Dallas | |  | Crenshaw |  | Escambia | |
|  | |  | Lauderdale |  | Randolph |  | | Marengo | |  | Walker |  | Elmore | |  | Dale |  | Mobile | |
|  | |  | Lawrence |  | Talladega |  | | Pickens | |  |  |  | Lee | |  | Geneva |  | Monroe | |
|  | |  | Limestone |  |  |  | | Sumter | |  |  |  | Lowndes | |  | Henry |  | Washington | |
|  | |  | Madison |  |  |  | | Tuscaloosa | |  |  |  | Macon | |  | Houston |  | Wilcox | |
|  | |  | Marion |  |  |  | |  | |  |  |  | Montgomery | |  | Pike |  |  | |
|  | |  | Marshall |  |  |  | |  | |  |  |  | Perry | |  |  |  |  | |
|  | |  | Morgan |  |  |  | |  | |  |  |  | Russell | |  |  |  |  | |
|  | |  | Winston |  |  |  | |  | |  |  |  | Tallapoosa | |  |  |  |  | |
|  | | Enter the Number of Persons in the Target Population for the [American Community Service Census of Need (ACSCN)](#_Document_I_|) – [Document I](#_Document_I_|): → | | | | | | | | | | | | | |  | | | |
|  | | **This question should be answered by applicants who are requesting 231 General Services Funding only.**   1. State the total amount the organization is requesting to develop a budget proposal. The total amount requested in 4a should reconcile with the totals from the applicable budget form(s):    1. [Document C](#_Document_C_|) – Tables C.1, C.2, **and/or** C.3 as applicable **and**    2. [Document D](#_Document_D_|) – Tables D.1, D.2, **and/or** D.3 as applicable. 2. Specify the amount of 231 General Services funds needed to serve institutionalized and/or corrections populations. (Do not exceed 20% of the total amount requested for the institutionalized population only.) 3. Specify the amount of 231 funds needed for IEL/CE services. | | | | | | | | | | | | | | | | | |
|  | | **4a. Total Amount Requested** | | | | | **4b. Amount of 231 funds for institutionalized/corrections population.** | | | | | | | **4c. Amount of 231 funds for IEL/CE population.** | | | | | |
|  | | $ | | | | | $ | | | | | | | $ | | | | | |
|  | **Capacity Chart**  For funding requested, please provide a projected number of participants to be served for FY 2024-2025. | | | | | | | | | | | | | | | | | |
|  | **Projected Number of Eligible**  **NRS Participants** | | | | | | | | **Funding Source(s)** | | | | | | | | | |
|  |  | | | | | | | | General Services Section 231 total eligible participants. | | | | | | | | | |
|  |  | | | | | | | | IEL/CE Services Section 243 total eligible participants. | | | | | | | | | |
|  |  | | | | | | | | Corrections Education Services Section 225 total eligible participants. | | | | | | | | | |

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| **Organization Name** |  |

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|  | **Estimated Cost per Student (State Requirement)**  The estimated Cost per Student is calculated by dividing the Total Budget Requested from applicable [Document C](#_Document_C_|) Budget Form(s) by the Projected Number of Students. The estimated cost per student should not exceed $808, which is the current program year’s State average. → | $ |
|  | **Fiscal Information Narrative**  This should be in a narrative format. Note: If the organization is not part of the Alabama Community College System, please attach an audited financial statement covering the most recent two-year period. | |
| 1. Describe how funds will be spent consistent with the Title II requirements. Include the activities that will be provided and how funds will be allocated to implement the proposed activities. | |
|  | |
| 1. Complete applicable Budget form(s) and Budgeted Administrative Costs form(s).  |  |  |  | | --- | --- | --- | | Applying for: | [Document C](#_Document_C_|) | [Document D](#_Document_D_|_1) | | 231 Only | C. 1, C.2, **and/or** C.2 | D.1, D.2, **and/or** D.3 | | 225 Only | C.3 only | D.3 only | | 243 Only | C.2 only | D.2 only | | 231 and 225 | C.1 and C.3 only | D.1 and D.3 only | | 231, 225, and 243 | All | All | | 231 and 243 | C. 1 and C.2 | D.1 and D.2 | | |
| 1. Provide a detailed narrative below addressing each of the applicable line items on [Document C](#_Document_C_|) and [Document D](#_Document_D_|). | |
|  | |
| 8. | Complete [Document H | Pre-Award Fiscal Risk Assessment](#_Document_H_|) | |

**A red and white logo with a graduation cap and diploma

Description automatically generated**

[**Workforce Innovation and Opportunity Act (WIOA)**](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf)

# Competitive Grant Application Considerations and Narratives

**Note**: Before responding to the following question, carefully review all RFP guidelines, instructions, and other supporting information found at: [www.accs.edu/ae-rfp](http://www.accs.edu/ae-rfp?). These items will be instrumental in crafting responses to the questions in this section. Particular attention should be given to:

* The [Local Workforce Development Plan](#LWBP) for the proposed service delivery area.
* The 13 Considerations (on subsequent pages) detailing the focal points for application questions and scoring.
* (If applicable) the [IEL/CE Funding Proposal – Section 243](#_IEL/CE_Funding_Proposal).

**Follow the** [**RFP Instructions**](#_RFP_Instructions) **table to determine which questions to answer.**

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| **Organization Name** |  |

## Consideration and Optional Narratives 1

### Consideration 1

|  |  |
| --- | --- |
| *The degree to which the eligible provider would be responsive to:*   1. *Regional needs as identified in the local plan under* [*WIOA, Section 108*](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf)*; and* 2. *Serving individuals in the community who were identified in such plan as most in need of adult education and literacy activities, including individuals who:*    1. *have low levels of literacy skills; or*    2. *are English language learners.* | |
|  | |
| * 1. What are the local and/or regional workforce needs of the identified geographical/service delivery areas as identified by the [Local Workforce Board Plan](#LWBP)? How does adult education fit into the workforce strategies identified in the plan? | |
|  | |
|  | |
| * 1. What are the demographics (e.g., race/ethnicity, socio-economic status) of the program’s identified geographical area/service delivery area? | |
|  | |
|  |
| * 1. Detail the literacy needs of the program’s target population. Cite sources. | |
|  | |
|  |
| * 1. How will the program provide services to meet the needs of the demographic population of the area? Specifically describe how the program will meet the needs of persons with low levels of literacy and English Language learners. | |
|  | |
|  |
| * 1. Describe how the program will provide services to meet the needs of special populations (i.e., individuals with disabilities, single parents, displaced homemakers, individuals with limited English proficiency, and individuals with multiple barriers to employment). | |
|  | |

### Optional Narrative 1 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 1.1 – 1.5 above:   1. Summarize how the eligible provider would be responsive to meeting the regional needs of institutionalized/ corrections students as identified in the local plan under [WIOA Section 108](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf); and 2. Describe how the provider would serve individuals in institutions/corrections who were identified in such plan as most in need of adult education and literacy activities, including individuals who have low levels of literacy skills or are English language learners. |
|  |

### Optional Narrative 1 - 243 IEL/CE

|  |
| --- |
| Based on questions 1.1 – 1.5 above:   1. Summarize how the eligible provider would be responsive to meeting the regional needs of IEL/CE participants as identified in the local plan under WIOA, Section 108; and 2. Describe how the provider would serve IEL/CE learners who were identified in such plan as most in need of adult education and literacy activities, including individuals who have low levels of literacy skills or are English language learners. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 2

### Consideration 2

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| *The ability of the eligible provider to serve eligible individuals with disabilities, including eligible individuals with learning disabilities; (see* *[Document G | GEPA Provisions](#_Document_G_|))* | | |
|  | |
| * 1. Describe how the organization’s policy will comply with the American Disabilities Act of 1990. | | |
|  | | |
|  | |
| * 1. How will the program ensure that individuals with disabilities have equitable access to programs, activities, and related services? | | |
|  | | |
|  | |
| * 1. How will the program identify and provide services to students with physical, emotional, mental, and learning disabilities? | | |
|  | | |

### Optional Narrative 2 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 2.1 – 2.3 above, summarize the ability of the eligible provider to serve eligible institutionalized/ incarcerated individuals with disabilities, including eligible individuals with learning disabilities. (See [Document G | GEPA Provisions](#_Document_G_|).) |
|  |

### Optional Narrative 2 – 243 IEL/CE

|  |
| --- |
| Based on questions 2.1 – 2.3 above, summarize the ability of the eligible provider to serve eligible IEL/CE students with disabilities, including eligible IEL/CE students with learning disabilities. (See [Document G | GEPA Provisions](#_Document_G_|).) |
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| **Organization Name** |  |

## Consideration and Optional Narratives 3

### Consideration 3

|  |  |  |
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| *Past effectiveness of the eligible provider in improving the literacy of eligible individuals, to meet State-adjusted levels of performance for the primary indicators of performance described in WIOA Section 116, especially with respect to eligible individuals who have low levels of literacy;* | | |
|  | |
| * 1. Describe the organization’s past effectiveness in meeting the needs of the target population(s) identified under [Consideration 1.3](#_Consideration_1). Include service to ABE/ASE as well as ELA students. | | |
|  | | |
|  | |
| * 1. Describe how the agency measures educational performance and student transition into postsecondary education, training, and/or the workforce. | | |
|  | | |
|  | |
| * 1. Review the Alabama Adult Education [Performance Accountability Measures Chart](#_Performance_Accountability_Measures). Provide 3-5 strategies the program will implement to meet the State’s negotiated levels of performance. What resources will the program use to ensure that students achieve measurable skill gains (MSGs)? | | |
|  | | |
|  | |
| * 1. For new and previous grantees, provide program data and or evidence of past effectiveness by completing [Document E | Performance Chart](#_Document_E_|_1).   When entering data in the Performance Chart, the applicant should adhere to the following requirements of the ACCS Adult Education Division:   * 1. The applicant must provide data for the two continuous program years requested.   2. The data the applicant reports must be for individuals who are basic skills deficient and eligible to receive WIOA services as indicated in WIOA Section 203 (4).   3. The applicant should provide data for the areas in which the applicant intends to provide service(s).   Based on the ACCS Adult Education Division requirements, in order for the applicant to demonstrate effectiveness with its past performance, the applicant must meet a performance threshold of 30% or greater in each of the performance categories of the Performance Chart ([Document E](#_Document_E) of this application and “AE Performance Accountability Assessment Model” of the *[RFP Guidelines and General Instructions](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)*).  If the applicant does not meet or exceed the threshold of effectiveness (as required by the State) in each of the performance categories, the applicant may continue with the application process, but, with the understanding that if approved as a provider, the applicant will be placed in a probationary status. The probationary status will include technical assistance and other forms of intervention to maintain effective program management. Failure to demonstrate improvement within the probation period (July 1 – June 30) could negatively impact the applicant’s ability to complete the four-year funding cycle of the RFP. | | |

### Optional Narrative 3 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 3.1 – 3.4 above, summarize the past effectiveness of the eligible provider in improving the literacy of eligible institutionalized/incarcerated individuals, to meet State-adjusted levels of performance for the primary indicators of performance described in WIOA Section 116, especially with respect to eligible institutionalized or incarcerated individuals who have low levels of literacy. |
|  |

### Optional Narrative 3 - 243 IEL/CE

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| --- |
| Based on questions 3.1 – 3.4 above, describe the past effectiveness of the eligible provider in improving the literacy of eligible institutionalized/incarcerated individuals, to meet State-adjusted levels of performance for the primary indicators of performance described in WIOA Section 116, especially with respect to eligible institutionalized/ incarcerated individuals who have low levels of literacy. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 4

### Consideration 4

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| *The extent to which the eligible provider demonstrates alignment between proposed activities and services and the strategy and goals of the local plan under WIOA, Section 108, as well as the activities and services of the one- stop partners;* | | |
|  | |
| * 1. Describe how the program will provide services to align with the strategies and industry needs as identified in the applicable [Local/State Workforce Development Board Plan(s)](#LWBP). | | |
|  | | |
|  | |
| * 1. If the organization has any existing MOUs, MOAs, or contracts with other core providers/partners of WIOA services, please describe. Include organizations that provide resources for individuals with disabilities and individuals with barriers to employment. Submit the first page and signature page of each agreement. Full documentation should be maintained and submitted as requested. | | |
|  | | |
|  | |
| * 1. Describe how the program will align its services with, and contribute to, the local One- Stop Center to meet the goals identified in the [Local Workforce Development Board Plan(s)](#LWBP). | | |
|  | | |

### Optional Narrative 4 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 4.1 – 4.3 above, summarize the extent to which the eligible provider demonstrates alignment between proposed institutionalized/corrections activities and services and the related strategy and goals of the local plan under WIOA, Section 108; as well as the activities and services of the one- stop partners as pertains to institutionalized/incarcerated persons. |
|  |

### Optional Narrative 4 - 243 IEL/CE

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| --- |
| Based on questions 4.1 – 4.3 above, summarize the extent to which the eligible provider demonstrates alignment between proposed activities and services for IEL/CE individuals and the IEL/CE strategy and goals of the local plan under WIOA, Section 108; as well as the activities and services of the one-stop partners as pertains to IEL/CE. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 5

### Consideration 5

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| *Whether the eligible provider’s program—*   * + 1. *is of sufficient intensity and quality, and based on the most rigorous research available so that participants achieve substantial learning gains; and*     2. *uses instructional practices that include the essential components of reading instruction;* | | |
|  | |
| * 1. Describe the program’s enrollment management strategy(ies). As a separate attachment or attachments, please provide a copy of the program’s proposed recruitment and retention plan. Each plan should include:      1. Target Audience      2. Key Action Steps/Activities (designed to meet the demographics of the target audience)      3. Person(s) Responsible      4. Budget/Resources      5. Target Completion Dates      6. Predicted Outcomes | | |
|  | | |
|  | |
| * 1. To demonstrate that a variety of class opportunities will be available, complete the class schedule provided in [Document A | Proposed Service Area](#_Document_A_|). Include all planned class sites. | | |
|  | | |
|  | |
| * 1. How does the program incorporate essential components of reading instruction; and how will the rigorous research-based instructional practices the program incorporates assist students with achieving substantial learning gains? | | |
|  | | |

### Optional Narrative 5 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 5.1 – 5.3 above, describe how the eligible provider’s institutionalized/corrections program is of sufficient intensity and quality, and based on the most rigorous research available so that participants achieve substantial learning gains; and uses instructional practices that include the essential components of reading instruction. |
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### Optional Narratives 5 - 243 IEL/CE

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| --- |
| Based on questions 5.1 – 5.3 above, describe whether the eligible provider’s IEL/CE program is of sufficient intensity and quality, and based on the most rigorous research available so that participants achieve substantial learning gains; and uses instructional practices that include the essential components of reading instruction. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 6

### Consideration 6

|  |  |  |
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| *Whether the activities delivered by the eligible provider, including reading, writing, speaking, mathematics, and English language acquisition instruction, are based on the best practices derived from the most rigorous research available and are appropriate, including scientifically valid research and effective educational practice.* ***Please cite sources****.* | | |
|  | |
| * 1. Describe how the program uses rigorous research and evidence-based instruction for the various content components of ABE, ASE, and ELA (i.e., reading, writing, speaking, mathematics, and English language acquisition). Include details of the program’s use of [College](https://lincs.ed.gov/programs/ccr) [and Career](https://lincs.ed.gov/programs/ccr) [Readiness Standards (CCRS).](https://lincs.ed.gov/programs/ccr) | | |
|  | | |
|  | |
| * 1. Describe how the program will meet the educational needs of students with special learning needs, including those with low levels of literacy, and learning disabilities. | | |
|  | | |
|  | |
| * 1. How does the program assess the effectiveness of curriculum and instructional practices? | | |
|  | | |

### Optional Narrative 6 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 6.1 – 6.3 above, describe how the institutionalized/corrections activities delivered by the eligible provider (including reading, writing, speaking, mathematics, and English language acquisition instruction) are based on the best practices derived from the most rigorous research available, and are appropriate - including scientifically valid research and effective educational practice. Cite sources. |
|  |

### Optional Narrative 6 - 243 IEL/CE

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| --- |
| Based on questions 6.1 – 6.3 above, describe how the IEL/CE activities delivered by the eligible provider (including reading, writing, speaking, mathematics, and English language acquisition instruction) are based on the best practices derived from the most rigorous research available, and are appropriate - including scientifically valid research and effective educational practice. Cite sources. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 7

### Consideration 7

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| *Whether the eligible provider’s activities effectively use technology, services, and delivery systems, including distance education in a manner sufficient to increase the amount and quality of learning and how such technology, services, and systems lead to improved performance;* | | |
|  | |
| * 1. How will the program integrate the use of technology into class instruction—to include software, internet resources, and hardware such as whiteboards, smartphones, document cameras, and other resources? | | |
|  | | |
|  | |
| * 1. How will the program assess and monitor students’ digital literacy and progress with the use of technology? | | |
|  | | |
|  | |
| * 1. Describe how the program will implement distance learning opportunities for students, including those with low levels of literacy and those with learning disabilities. | | |
|  | | |

### Optional Narrative 7 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 7.1 – 7.3 above, explain how the eligible provider’s institutionalized/corrections activities effectively use technology, services, and delivery systems, including distance education in a manner sufficient to increase the amount and quality of learning and how such technology, services, and systems lead to improved performance. |
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### Optional Narrative 7 - 243 IEL/CE

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| --- |
| Based on questions 7.1 – 7.3 above, explain how the eligible provider’s IEL/CE activities effectively use technology, services, and delivery systems, including distance education in a manner sufficient to increase the amount and quality of learning and how such technology, services, and systems lead to improved performance. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 8

### Consideration 8

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| *Whether the eligible provider’s activities provide learning in context, including through integrated education and training, so that an individual acquires the skills needed to transition to and complete postsecondary education and training programs, obtain and advance in employment leading to economic self-sufficiency, and to exercise the rights and responsibilities of citizenship;* | | |
|  | |
| * 1. How will the program foster Integrated Education and Training (IET) opportunities for students? Provide specific details of these opportunities. How will students access and participate in the IET program? | | |
|  | | |
|  | |
| * 1. Describe how the program will use IET or other models of contextualized instruction to help students develop the skills required to advance in an educational setting, transition to post-secondary education or become employed. | | |
|  | | |
|  | |
| * 1. Describe the transition resources and strategies the program will utilize to enable students to enter post- secondary education, training opportunities, or the workforce. | | |
|  | | |

### Optional Narrative 8 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 8.1 – 8.3 above, explain whether the eligible provider’s institutionalized/corrections education activities provide learning in context, including through integrated education and training, so that an institutionalized/incarcerated individual:   1. Acquires the skills needed to transition to and complete postsecondary education and training programs, 2. Obtains and advances in employment leading to economic self-sufficiency, and 3. Exercises the rights and responsibilities of citizenship. |
|  |

### Optional Narrative 8 - 243 IEL/CE

|  |
| --- |
| Based on questions 8.1 – 8.3 above, explain whether the eligible provider’s IEL/CE activities provide learning in context, including through integrated education and training, so that a person receiving IEL/CE services:   1. Acquires the skills needed to transition to and complete postsecondary education and training programs, 2. Obtains and advances in employment leading to economic self-sufficiency, and 3. Exercises the rights and responsibilities of citizenship. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 9

### Consideration 9

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| *Whether the eligible provider’s activities are delivered by well-trained instructors, counselors, and administrators who meet all minimum qualifications established by the State, where applicable, and who have access to high quality professional development, including through electronic means;* | | |
|  | |
| 1. Complete [Document B | Staffing Projections](#_Document_B_|) - the proposed personnel report. Include all planned positions **(State Requirement)**   Note: *All eligible positions, as described in the* [*Adult Education Procedure Manual*](https://www.accs.edu/wp-content/uploads/2024/03/AdultEdProcedureManual-Revised02.06.2024.pdf) *and the* [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)*, and funded with State or Federal Adult Education funds are subject to the approval of ACCS Adult Education Division. Conversely, individual hiring and staffing decisions at the local program are made at the discretion of each individual organization, providing that all grant-specified minimum qualifications for the individuals in those positions are met.* | | |
|  | | |
|  | |
| * 1. Which of the ACCS Adult Education Division-approved administrative models will the program utilize in the overall operations of the Adult Education Program? (Refer to “Program Personnel Guidelines” in the [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf)*.* | | |
|  | | |
|  | |
| * 1. Describe how the program will provide high quality professional development to ensure that instructors and staff are knowledgeable of current research and best practices in adult education. How will the program’s professional development plan support instructors in incorporating current research and evidence-based instructional strategies that lead to optimal program outcomes? | | |
|  | | |

### Optional Narrative 9 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 9.1 – 9.3 above, explain how the eligible provider’s institutionalized/corrections education activities are delivered by well-trained instructors, counselors, and administrators who meet all minimum qualifications established by the State, where applicable, and who have access to high quality professional development, including through electronic means. |
|  |

### Optional Narrative 9 - 243 IEL/CE

|  |
| --- |
| Based on questions 9.1 – 9.3 above, explain how the eligible provider’s IEL/CE activities are delivered by well-trained instructors, counselors, and administrators who meet all minimum qualifications established by the State, where applicable, and who have access to high quality professional development, including through electronic means. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 10

### Consideration 10

|  |  |  |
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| *Whether the eligible provider’s activities coordinate with other available education, training, and social service resources in the community, such as by establishing strong links with elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce investment boards, one-stop centers, job training programs, and social service agencies, business, industry, labor organizations, community- based organizations, non-profit organizations, and intermediaries, for the development of career pathways;* | | |
|  | |
| * 1. If the program has existing career pathways, please describe. How will the program coordinate with local WIOA partners and service providers to develop career pathway programs consistent with strategies identified in the [Local Workforce Plan](#LWBP)? | | |
|  | | |
|  | |
| * 1. Describe how the program will partner with other entities to offer support services to students, to increase access to program services and ensure program completion. Include information on services such as childcare, transportation, mental health services, and career planning. | | |
|  | | |

### Optional Narrative 10 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 10.1 – 10.2 above, summarize how the eligible provider’s institutionalized/corrections education activities coordinate with other available education, training, and social service resources in the community, such as by establishing strong links with elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce investment boards, one-stop centers, job training programs, social service agencies, business, industry, labor organizations, community- based organizations, non-profit organizations, and intermediaries, for the development of career pathways. |
|  |

### Optional Narrative 10 – 243 IEL/CE

|  |
| --- |
| Based on questions 10.1 – 10.2 above, summarize how the eligible provider’s IEL/CE activities coordinate with other available education, training, and social service resources in the community, such as by establishing strong links with elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce investment boards, one-stop centers, job training programs, social service agencies, business, industry, labor organizations, community- based organizations, non-profit organizations, and intermediaries, for the development of career pathways. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 11

### Consideration 11

|  |  |  |
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| *Whether the eligible provider’s activities offer flexible schedules and coordination with Federal, State, and local support services (such as childcare, 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;* | | |
|  | |
| * 1. How will the program assess students’ educational needs, and the need for support services and accommodations? Include details regarding services such as childcare, transportation, mental health services, and career planning. | | |
|  | | |
|  | |
| * 1. How will the program identify and resolve barriers to student completion? | | |
|  | | |
|  | | |
| * 1. Describe how the program will offer flexible schedules to accommodate students, including individuals with disabilities and special needs. | | |
|  | | |

### Optional Narrative 11 - 225 Institutionalized/Corrections

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| --- |
| Based on questions 11.1 – 11.3 above, explain how the eligible provider’s institutionalized/corrections education activities offer flexible schedules and coordination with Federal, State, and local support services (such as childcare, transportation, mental health services, and career planning) that are necessary to enable institutionalized/incarcerated individuals, including those with disabilities or other special needs, to attend and complete programs. |
|  |

### Optional Narrative 11 – 243 IEL/CE

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| --- |
| Based on questions 11.1 – 11.3 above, explain how the eligible provider’s IEL/CE activities offer flexible schedules and coordination with Federal, State, and local support services (such as childcare, transportation, mental health services, and career planning) that are necessary to enable IEL/CE students, including those with disabilities or other special needs, to attend and complete programs. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 12

### Consideration 12

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| *Whether the eligible provider maintains a high-quality information management system that has the capacity to report measurable participant outcomes (consistent with Section 116) and to monitor program performance;* | | |
|  | |
| 1. Describe the organization’s data management practices for:    * + Tracking student attendance and outcomes.      + Monitoring program performance.      + Maintaining quality in the data.      + Include a description of any information management system the organization uses. | | |
|  | | |
|  | |
| 1. How are the program personnel engaged in the collection, monitoring, and management of data? | | |
|  | | |
|  | |
| 1. How will the program utilize data to assess and improve program performance and evaluating measurable skill gains (MSGs)? | | |
|  | | |

### Optional Narrative 12 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 12.1 – 12.3 above, summarize how the eligible provider maintains a high-quality information management system that has the capacity to report measurable institutionalized/corrections student outcomes (consistent with WIOA Section 116) and to monitor their program performance. |
|  |

### Optional Narrative 12 – 243 IEL/CE

|  |
| --- |
| Based on questions 12.1 – 12.3 above, summarize how the eligible provider maintains a high-quality information management system that has the capacity to report measurable IEL/CE outcomes (consistent with WIOA Section 116) and to monitor their program performance. |
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| **Organization Name** |  |

## Consideration and Optional Narratives 13

### Consideration 13

|  |  |  |
| --- | --- | --- |
| *Whether the local areas in which the eligible provider is located have a demonstrated need for additional English language acquisition programs and civics education programs;* | | |
|  | |
| * 1. What is the English Language Learner (ELL) population in the local area? Provide the data source. Describe the local area’s demonstrated need for a program that offers English language acquisition service. | | |
|  | | |
|  | |
| * 1. Describe the program’s experience with and/or ability to provide instruction and services to English language learners. Include information regarding:      1. Curriculum/material used to provide instruction to this population.      2. Financial literacy resources and career pathways available to this population. | | |
|  | | |
|  | |
| * 1. Describe how the program will use IET or other models of contextualized instruction to help students develop the skills required to advance in an educational setting, transition to post- secondary education or become employed English Language learners in conjunction with IEL/CE. | | |
|  | | |

### Optional Narrative 13 - 225 Institutionalized/Corrections

|  |
| --- |
| Based on questions 13.1 – 13.3 above, summarize how the institutional/correctional facilities in which the eligible provider is located have a demonstrated need for additional IEL/CE programs. |
|  |

### Optional Narrative 13 – 243 IEL/CE

|  |
| --- |
| No Optional Narrative 243 IEL/CE is required for Consideration 13. |

# IEL/CE Funding Proposal (Section 243)

If **applying for IEL/CE Section 243 funding only (or in conjunction with Section 231 funding)** applicants must also respond to the four questions below.

|  |
| --- |
| *Integrated English and Civics Education enables adults to achieve competency in the English language and acquire the basic and more advanced skills needed to function effectively as parents, workers, and citizens in the United States. Such services shall include instruction in literacy and English language acquisition and instruction on the rights and responsibilities of citizenship and civic participation and including workforce training.* |
|  |
| 1. For purposes of an IET program provided with Title II funds, training is defined the same as in Title I section 134 of WIOA. How will the program meet the requirement to use funds for IEL/CE in combination with IET? |
|  |
|  |
| 1. How will the IEL/CE program implement State content standards into lesson plans and instructional materials focusing on the required services of the IEL/CE (ELA, literacy, civics education and IET)? |
|  |
|  |
| 1. Describe how the IEL/CE program provides educational and career counseling that supports postsecondary and career transitions. |
|  |
|  |
| 1. Explain how the program will integrate its IEL/CE program with the local workforce systems. |
|  |

A red and white logo with a graduation cap and diploma

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## Document A | Proposed Service Area

Click the TAB key after each entry to move to the next field.

|  |  |
| --- | --- |
| **Organization Name** |  |

| **Class Title** | **Funding Source** | **Location**  (i.e., Gadsden Campus  Rains Bldg. Rm 10) | **City** | **County** | **Day(s) of the Week** | **Time of Day** | **Enrollment Projection** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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## Document B | Staffing Projections

Click the TAB key after each entry to move to the next field.

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position/Title** | **Funding Source** | **Number of Full Time** | **Number of Part Time** | **Estimated Funds for Salaries  and Benefits** |
|  |  |  |  | $ 27,457.00 |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
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|  |  |  |  | $ |
|  | **Enter Totals Here →** |  |  | $ |

## Document C | Proposed Budgets

**NOTES**

* **Professional Development – Leadership** | Professional Development activities endorsed and/or required by the State Adult Education Office.
  + Includes (but is not limited to) instructional assessment training and the programmatic compliance monitoring training.
  + These kinds of training are:
    - Condoned by the State office
    - Fall under the realm of leadership costs
    - Not included on the Form 1C-Non-Instructional Costs.
* **Professional Development-Administrative** | Professional Development activities that are not required by the State Office but are considered necessary by the local programs.
  + Reportedon Form 1C-Non-Instructional Costs
  + Considered under the 5% administrative cost category. (Please budget accordingly.)

### Table C.1 | 231 General Services Budget

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item** | **General Services**  **(sec. 231 funds)** | **Corrections/Institutionalized**  **(from Sec. 231 funds)** | **IEL/CE**  **(from Sec. 231 funds)** | **Total Requested Budget** |
| Salary | $ | $ | $ | $ |
| Benefits | $ | $ | $ | $ |
| Official Travel | $ | $ | $ | $ |
| Admin Professional Development | $ | $ | $ | $ |
| Leadership Professional Development | $ | $ | $ | $ |
| Instructional Materials & Supplies | $ | $ | $ | $ |
| Supplies – Computing Devices | $ | $ | $ | $ |
| Membership & Subscriptions | $ | $ | $ | $ |
| Communications & Operations | $ | $ | $ | $ |
| Equipment Maintenance & Repairs | $ | $ | $ | $ |
| Advertising & Printing | $ | $ | $ | $ |
| Non-Capitalized/Capitalized Items | $ | $ | $ | $ |
| Career Training Certifications | $ | $ | $ | $ |
| Rental of Nonpublic Facilities | $ | $ | $ | $ |
| Outreach, Transportation, Childcare | $ | $ | $ | $ |
| Sub-Contract Salary | $ | $ | $ | $ |
| Sub-Contract Benefits | $ | $ | $ | $ |
| **Total Funds Requested** | $ | $ | $ | $ |

### Table C.2 | 243 IEL/CE Budget

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |
| --- | --- |
| **Line Item** | **IEL/CE**  **(Sec. 243 funds)** |
| Salary | $ |
| Benefits | $ |
| Official Travel | $ |
| Admin Professional Development | $ |
| Leadership Professional Development | $ |
| Instructional Materials & Supplies | $ |
| Supplies – Computing Devices | $ |
| Membership & Subscriptions | $ |
| Communications & Operations | $ |
| Equipment Maintenance & Repairs | $ |
| Advertising & Printing | $ |
| Non-Capitalized/Capitalized Items | $ |
| Career Training Certifications | $ |
| Rental of Nonpublic Facilities | $ |
| Outreach, Transportation, Childcare | $ |
| Sub-Contract Salary | $ |
| Sub-Contract Benefits | $ |
| **Total Funds Requested** | $ |

### Table C.3 | 225 Institutionalized/Corrections Budget

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |
| --- | --- |
| **Line Item** | **Institutionalized/Corrections**  **(Sec. 225 funds)** |
| Salary | $ |
| Benefits | $ |
| Official Travel | $ |
| Admin Professional Development | $ |
| Leadership Professional Development | $ |
| Instructional Materials & Supplies | $ |
| Supplies – Computing Devices | $ |
| Membership & Subscriptions | $ |
| Communications & Operations | $ |
| Equipment Maintenance & Repairs | $ |
| Advertising & Printing | $ |
| Non-Capitalized/Capitalized Items | $ |
| Career Training Certifications | $ |
| Rental of Nonpublic Facilities | $ |
| Outreach, Transportation, Childcare | $ |
| Sub-Contract Salary | $ |
| Sub-Contract Benefits | $ |
| **Total Funds Requested** | $ |

## Document D | Budgeted Administrative Costs

**NOTES**

* Administrative Costs are limited to 5% of the total award.
* The Alabama Community College System does NOT have an approved Indirect Cost Rate. Because this is a supplement, not supplant grant, Subrecipients may request indirect costs if they have a negotiated **Restricted** Indirect Cost Rate with an authorized Federal agency.

### Table D.1 | 231 – General Services Budgeted Administrative Costs

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Admin Line Item** | **Adult Education**  **(Sec. 231 funds)** | **Corrections/ Institutionalized**  **(from Sec. 231 funds)** | **IEL/CE**  **(from Sec. 231 funds)** | **Total Requested Budget** |
| Administrative Salary | $ | $ | $ | $ |
| Administrative Benefits | $ | $ | $ | $ |
| Non-Instructional Travel | $ | $ | $ | $ |
| Professional Development-Admin | $ | $ | $ | $ |
| Non-Instructional Materials & Supplies | $ | $ | $ | $ |
| Non-Classroom Supplies - Computing Devices | $ | $ | $ | $ |
| Communications & Operations | $ | $ | $ | $ |
| Non-Classroom Equipment Maintenance & Repairs | $ | $ | $ | $ |
| Advertising | $ | $ | $ | $ |
| Non-Capitalized/Capitalized Items | $ | $ | $ | $ |
| Indirect Restricted Cost | $ | $ | $ | $ |
| **Total Admin Funds Requested** | $ | $ | $ | $ |

### Table D.2 | 243 – IEL/CE Budgeted Administrative Costs

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |
| --- | --- |
| **Admin Line Item** | **IEL/CE**  **(from Sec. 243 funds)** |
| Administrative Salary | $ |
| Administrative Benefits | $ |
| Non-Instructional Travel | $ |
| Professional Development-Admin | $ |
| Non-Instructional Materials & Supplies | $ |
| Non-Classroom Supplies - Computing Devices | $ |
| Communications & Operations | $ |
| Non-Classroom Equipment Maintenance & Repairs | $ |
| Advertising | $ |
| Non-Capitalized/Capitalized Items | $ |
| Indirect Restricted Cost | $ |
| **Total Admin Funds Requested** | $ |

### Table D.3 | 225 – Institutionalized/Corrections Budgeted Administrative Costs

Click the TAB key after each entry to move to the next field.

|  |
| --- |
|  |
| **Organization Name** |

|  |  |
| --- | --- |
| **Admin Line Item** | **Corrections/ Institutionalized**  **(from Sec. 225 funds)** |
| Administrative Salary | $ |
| Administrative Benefits | $ |
| Non-Instructional Travel | $ |
| Professional Development-Admin | $ |
| Non-Instructional Materials & Supplies | $ |
| Non-Classroom Supplies - Computing Devices | $ |
| Communications & Operations | $ |
| Non-Classroom Equipment Maintenance & Repairs | $ |
| Advertising | $ |
| Non-Capitalized/Capitalized Items | $ |
| Indirect Restricted Cost | $ |
| **Total Admin Funds Requested** | $ |

## Document E

### Performance Chart - Section 1

**Demonstrated Effectiveness:** Improving the skills of eligible individuals who have low levels of literacy in reading, writing, mathematics, English Language acquisition, and other subject areas relevant to the services contained in the application.

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2022 (7/1/2021 to 6/30/2022)** | | | **2023 (7/1/2022 to 6/30/2023)** | | |
| **Performance Indicator** | **# Students Served** | **# Students Demonstrating Progress** | **% of Students Demonstrating Progress** | **# Students Served** | **# Students Demonstrating Progress** | **% of Students Demonstrating Progress** |
| ABE Level 1 (0-1) |  |  | % |  |  | % |
| ABE Level 2 (2-3) |  |  | % |  |  | % |
| ABE Level 3 (4-5) |  |  | % |  |  | % |
| ABE Level 4 (6-8) |  |  | % |  |  | % |
| ABE Level 5 (9-10) |  |  | % |  |  | % |
| ABE Level 6 (11-12) |  |  | % |  |  | % |
| ELA Levels 1-8 |  |  | % |  |  | % |
| ELA Levels 9-12 |  |  | % |  |  | % |

### Performance Chart - Section 2

**Demonstrated Effectiveness:** Outcomes for participants related to employment, attainment of secondary school diploma or its recognized equivalent, and transition to post- secondary education and training.

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2022 (7/1/2021 to 6/30/2022)** | | | **2023 (7/1/2022 to 6/30/2023)** | | |
| **Performance Indicator** | **# Unemployed at entry** | **# gained employment while enrolled or shortly**  **after** | **% gained employment while enrolled or shortly**  **after** | **# Unemployed at entry** | **# gained employment while enrolled or shortly**  **after** | **% gained employment while enrolled or**  **shortly after** |
| Employment |  |  | % |  |  | % |
| **Performance Indicator** | **# Students seeking HSE** | **# of Students earned HSE** | **% of Students earning HSE** | **# Students seeking HSE** | **# of Students earned HSE** | **% of Students earning HSE** |
| Attainment of Secondary School Diploma or Equivalent |  |  | % |  |  | % |
| **Performance Indicator** | **# Students Served** | **# Students enrolling in postsecondary education and training** | **%Students enrolling in postsecondary education and training** | **# Students Served** | **# Students enrolling in postsecondary education and**  **training** | **%Students enrolling in postsecondary education and**  **training** |
| Transition to Secondary Education and Training |  |  | % |  |  | % |

## Document F | Demonstrated Effectiveness Chart

The applicant must provide demonstrated performance in content domains and outcomes related to State and Federal goals. The regulations also establish uniformity for how past effectiveness is determined so that all eligible providers are treated fairly in the grant competition. The regulations provide an opportunity for applicants that do not have past performance data under the [Workforce Innovation and Opportunity Act (WIOA](https://www.govinfo.gov/content/pkg/PLAW-113publ128/html/PLAW-113publ128.htm)) section 116 to demonstrate how it has been previously effective in serving basic skill deficient eligible individuals. The chart below is used by all grant applicants to demonstrate effectiveness.

The ACCS Adult Education Division will determine an applicant has demonstrated effectiveness to be an eligible applicant through review of the applicant’s response to the [Demonstrated Effectiveness Chart](#_Document_F_|); and if the applicant has provided a narrative which includes valid and reliable data on its record of improving the skills of eligible individuals, as well its record related to eligible individual's transitional outcomes in the areas of employment, attainment of secondary school diploma or its recognized equivalent, and transition to postsecondary education and training.

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |  |
| --- | --- | --- |
| Does the program work with eligible individuals in the following areas? (See “Demonstrated Effectiveness” in the [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf).) | Yes | No |
| Reading |  |  |
| Language Arts/Writing |  |  |
| Mathematics |  |  |
| English Language Acquisition (Section 231, 225, and/or Section 243) |  |  |
| Employment |  |  |
| Attainment of secondary school diploma or its recognized equivalent |  |  |
| Transition to postsecondary education and training |  |  |
| The applicant should provide a narrative which includes program data regarding outcomes associated with students’ educational gains in the content areas and grade level equivalencies above, as well as transitional outcomes related to employment, attainment of secondary school diploma or recognized equivalent, and transition to postsecondary education and training. | | |
|  | | |

## Document G | GEPA Provisions

**Equity For Students, Educators, And Other Program Beneficiaries**

(For details regarding GEPA, see Appendix G in the [*RFP Guidelines and General Instructions*](https://staging.accs.edu/wp-content/uploads/2021/03/AE-RFP-Guidelines-030221-1.pdf))

Section 427 of the [Department of Education’s General Education Provisions Act (GEPA)](https://www.govinfo.gov/content/pkg/COMPS-732/pdf/COMPS-732.pdf) affects applicants for new grant awards under this program.  ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE THE FOLLOWING INFORMATION TO ADDRESS THIS NEW PROVISION, IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applications for federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project.  Consistent with program requirements and its approved application, an applicant may use the federal funds awarded to it to eliminate barriers it identifies.

**Notes:**

1. Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
2. Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.
3. Applicants may have already included some or all of this required information in the narrative sections of their applications or their State Plans.  In responding to this requirement, for each question, applicants may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form.

(Continued)

### Document G (Continued)| GEPA Provisions

Equity For Students, Educators, and Other Program Beneficiaries

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |
| --- |
| **Please provide a narrative which gives a clear and succinct description of how your program will ensure equitable access to, and participation in, your federally assisted programs for students, teachers, and other program beneficiaries with special needs.**  The GEPA provision allows applicants discretion in developing the required description.  However, the statute highlights six types of barriers that can impede equitable access or participation:  gender, race, national origin, color, disability, or age.  Based on local circumstances, you should determine the barriers that are applicable to your program and address the application of steps that will be taken to overcome these barriers. |
|  |
| **Please respond to the following requests for information:** |
| 1. Describe how your entity’s existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity. |
|  |
|  |
| 1. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries? |
|  |
|  |
| 1. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity? |
|  |
|  |
| 1. What is your timeline, including targeted milestones, for addressing these identified barriers? |
|  |

## Document H | Pre-Award Fiscal Risk Assessment Tool

**Purpose**: To assist State staff in effectively monitoring potential fiscal risk factors associated with grants funded by federal pass-through funds to grantees. The focus is to ensure that grant programs meet the following requirements:

1. Adhere to the grantor’s guidelines and agreements,
2. Remain within budget,
3. Carry out the scope of service, and
4. Ensure that proper internal controls are in place.

|  |  |
| --- | --- |
| **Applicant/Organization Name:** |  |
| **Applicant’s EIN:** |  |
| **Applicant’s DUNS number:** |  |
| **Risk Assessment Completed By:** |  |
| **Date Risk Assessment Completed:** |  |
| **Project Year:** |  |
| **Total Score:** |  |

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 1. | Is the Applicant on the Federal or State Debarment List? (If yes, no need to go further.) | Yes  No |
| 2. | Has the agency or principals thereof ever been suspended or debarred from receiving State or Federal grants or contracts? | Yes  No |
| 3. | Has the agency ever had a government contract, project, or agreement terminated? | Yes  No |
| 4. | Does the agency employ a finance director with at least three years of experience in accounting? | Yes  No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | **Question** | **None** | **Less than 2** **years** | **2-5** **years** | **6-10 years** | **11-14 years** | **15 or more years** |
| 5. | How many years has the organization been in existence? |  |  |  |  |  |  |
| 6. | Other than WIOA Title II, how many years of experience does the Agency have in managing other Federal, State, local, or private funds? |  |  |  |  |  |  |
| 7. | How many years of experience does the Agency have administering WIOA Title II funds or other grants that provide funds for services to a comparable target population? |  |  |  |  |  |  |
| 8. | How many years has the Program Administrator been in the position as of the proposal date? |  |  |  |  |  |  |

**Document H | Pre-Award Fiscal Risk Assessment Tool**

(Continued)

|  |  |
| --- | --- |
| **Organization Name** |  |

|  |  |
| --- | --- |
| 9. | Percentage of full-time personnel in their positions for 3 or more years: |
|  | Less than 20%  20% but less than 40%  40% but less than 60%  60% but less than 80%  80% or more |
| 10. | How many years has it been since the applicant had a formal on-site program review/audit? |
|  | Less than 1 year  1-2 years  3-5 years  has not been reviewed/audited |
| 11. | Amount of grant award requested for this project: |
|  | $0 - $149,999  $150,000 - $399,999  $400,000 - $599,999  $600,000 – $799,999  $800,000 or more |
| 12. | Single Audit Status: |
|  | No single audit performed  Single audit with both material weakness and significant deficiency findings  Single audit with material weakness finding(s)  Single audit with significant deficiency finding(s)  Single audit with no findings |

## Document I | American Community Survey (ACS) Alabama County Data

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Counties to be Served | Need per County Based on ACS | Expected Number of Students to be Served Based on Annual  State Goals |  | Counties to be Served | Need per County Based on ACS | Expected Number of Students to be Served Based on Annual  State Goals |
| Autauga | 5,186 | 2,593 | Houston | 11,257 | 563 |
| Baldwin | 19,206 | 960 | Jackson | 8,025 | 401 |
| Barbour | 5,305 | 265 | Jefferson | 54,989 | 2,749 |
| Bibb | 3,694 | 185 | Lamar | 1,916 | 96 |
| Blount | 8,044 | 402 | Lauderdale | 8,620 | 431 |
| Bullock | 1,833 | 92 | Lawrence | 4,735 | 237 |
| Butler | 2,389 | 119 | Lee | 12,968 | 648 |
| Calhoun | 14,422 | 721 | Limestone | 11,965 | 598 |
| Chambers | 4,845 | 242 | Lowndes | 1,291 | 65 |
| Cherokee | 4,132 | 207 | Macon | 2,487 | 124 |
| Chilton | 6,443 | 322 | Madison | 27,634 | 1,382 |
| Choctaw | 2,290 | 115 | Marengo | 2,214 | 111 |
| Clarke | 3,442 | 172 | Marion | 4,588 | 229 |
| Clay | 2,148 | 107 | Marshall | 13,569 | 678 |
| Cleburne | 2,117 | 106 | Mobile | 45,056 | 2,253 |
| Coffee | 6,259 | 313 | Monroe | 2,947 | 147 |
| Colbert | 6,515 | 326 | Montgomery | 24,028 | 1,201 |
| Conecuh | 1,564 | 78 | Morgan | 15,422 | 771 |
| Coosa | 1,459 | 73 | Perry | 1,195 | 60 |
| Covington | 4,827 | 241 | Pickens | 2,933 | 147 |
| Crenshaw | 2,184 | 109 | Pike | 3,442 | 172 |
| Cullman | 12,051 | 603 | Randolph | 3,543 | 177 |
| Dale | 6,320 | 316 | Russell | 7,716 | 386 |
| Dallas | 4,655 | 233 | Shelby | 12,402 | 620 |
| DeKalb | 12,360 | 618 | St. Clair | 12,825 | 641 |
| Elmore | 9,461 | 473 | Sumter | 1,274 | 64 |
| Escambia | 5,936 | 297 | Talladega | 11,732 | 587 |
| Etowah | 12,578 | 629 | Tallapoosa | 6,512 | 326 |
| Fayette | 2,304 | 115 | Tuscaloosa | 17,738 | 887 |
| Franklin | 5,223 | 261 | Walker | 9,836 | 492 |
| Geneva | 3,910 | 196 | Washington | 1,759 | 88 |
| Greene | 1,010 | 51 | Wilcox | 2,072 | 104 |
| Hale | 2,626 | 131 | Winston | 4,512 | 226 |
| Henry | 2,567 | 128 |  |  |  |

## Document J

### Performance Accountability Measures

|  |  |
| --- | --- |
| **Accountability Measures** | **State Program Goals**  **October 1, 2024 – June 30, 2028** |
| Enrollment | 32,000 |
| NCRC (WorkKeys) Certificate | 5,000 |
| High School Equivalency | 5,000 |
| Measurable Skill Gains (State Goal) | 55% |

### Federal Negotiated Performance Goals PY 2023-2024

Negotiations for ensuing years TBD

|  |  |
| --- | --- |
| **Entering Educational Functioning Level** | **Performance Goals** |
| ABE Beginning Literacy (0 – 1.9) | 43% |
| ABE Beginning Basic Education (2.0 – 3.9) | 44% |
| ABE Intermediate Low (4.0 – 5.9) | 43% |
| ABE Intermediate High (6.0 – 8.9) | 45% |
| ASE Low (9.0 – 10.9) | 53% |
| ESL Beginning Literacy | 34% |
| ESL Beginning Low | 37% |
| ESL Beginning High | 41% |
| ESL Intermediate Low | 37% |
| ESL Intermediate High | 34% |
| ESL Advanced | 19% |
| **Overall MSG (Federal Goal)** | **38.5%** |

## Document K | Local Workforce Development Board

**Roles and Responsibilities in the Review of**

[**Adult Education and Family Literacy Act (AEFLA**](https://accs0-my.sharepoint.com/personal/kimberly_gaines_accs_edu/Documents/Documents/RFP/www2.ed.gov/about/offices/list/ovae/pi/AdultEd/aefla-resource-guide.pdf)**) Proposals**

**Background**

A function of [local workforce boards](#LWBP), identified under section 107(d) (11) of the [Workforce Innovation and Opportunity Act (WIOA)](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf), is to coordinate local workforce activities with education and training providers, including providers of adult education and literacy activities under [Title II of WIOA](https://accs0-my.sharepoint.com/personal/kimberly_gaines_accs_edu/Documents/Documents/RFP/www2.ed.gov/about/offices/list/ovae/pi/AdultEd/aefla-resource-guide.pdf). The coordination of education and training activities includes the review of proposals for providing adult education and literacy activities submitted to the Alabama Community College System Adult Education Division for funding under Title II. b.

**Requirements for local board review of proposals.**

Local board review of Title II proposals is to ensure proposals for providing adult education and literacy activities are consistent with [local workforce board plans](#LWBP) (WIOA, 107(d)(11)(B)(i)(I)). While States have flexibility under this regulation to design their processes for local board review of proposals, those processes must reflect the following key [Adult Education and Literacy Act (AEFLA)](https://accs0-my.sharepoint.com/personal/kimberly_gaines_accs_edu/Documents/Documents/RFP/www2.ed.gov/about/offices/list/ovae/pi/AdultEd/aefla-resource-guide.pdf) requirements:

* All eligible providers must have direct and equitable access to apply and compete for grants or contracts (Section 231(c)(1) of WIOA and 34 CFR § 463.20(c)(1));
* The same proposal process must be used for all eligible providers in the State or outlying area (Section 231(c)(2) of WIOA and 34 CFR § 463.20(c)(2));
* The local board **must review proposals submitted to the eligible agency by eligible providers to determine whether they are consistent with the approved local plan** (Section 107(d)(11)(B)(i)(I) of WIOA and 34 CFR § 463.21(b)(1));
* If a local workforce board determines that a proposal is not consistent with the local workforce plan, the **local board must make recommendations to the eligible agency to promote alignment with the approved local plan** (Section 107(d)(11)(B)(i)(II) of WIOA and 34 CFR § 463.21(b)(2); and
* The eligible agency must consider the results of the review by the local board in determining the extent to which the proposal addresses the required considerations in 34 CFR § 463.20 (34 CFR § 463.21(c)).

Local workforce boards are not responsible for approving or denying proposals submitted under Title II of WIOA. They are, however, expected to evaluate the extent to which a proposal submitted under Title II addresses the requirements of the local plan developed in accordance with WIOA (WIOA, 108(b) (13)).

## Document L | Board Alignment Review Form

|  |  |
| --- | --- |
| **Organization Name:** |  |
| [**Local Workforce Area Board**](#LWBP): |  |
| **(**[**AEFLA**](https://accs0-my.sharepoint.com/personal/kimberly_gaines_accs_edu/Documents/Documents/RFP/www2.ed.gov/about/offices/list/ovae/pi/AdultEd/aefla-resource-guide.pdf)**) Request for Funding Applicant**: |  |
|  | |
| **Please check only one of the two choices below.**  I, the undersigned, hereby have the authority on behalf of the Local Workforce Board and have made the determination that: | |
| The application for Title II Adult Education and Family Literacy Act Funding is **aligned** to the goals and objectives of the local Workforce Board and local area of the State.  The application for Title II Adult Education and Family Literacy Act funding is **not aligned** to the goals and objectives of the Local Workforce Board and local area of the State. | |
| Comments (if applicable): | |
|  | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | Date |
| Title |  |

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Description automatically generated

Alabama Community College System | Adult Education Division

P.O. Box 302130, Montgomery, AL36130 | (334) 293-4567 | AERFP2024@accs.edu