**Projects recommended for FY 2018-2019 continuation funding must show successful performance accomplishments during the 2017-2018 project year. Any shortfalls or negative answer(s) must be explained below.**

**See Checklist (last page of this RFA document) for proper placement of this form in the application package.**

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project # for 2017-2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form prepared by (name and title):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency project coordinator (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency staff designated to submit the NRS Reports through the online database:

(Name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FL Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cells will expand when text is typed.**

| **Evaluation of FY 2017-2018 Project** | **YES** | **NO** | **If NO, recipient must adequately** **explain any changes.**Use 12-point font and single spacing. |
| --- | --- | --- | --- |
| **Data Collection and Reporting:** |
| The agency project coordinator understands requirements of the National Reporting System (NRS) on-line reporting via the Internet. |  |  |  |
| The agency project coordinator has attended or identified a date to attend training for National Reporting System (NRS) provided by the FL Dept. of Education, Division Career and Adult Education. |  |  |  |
| The agency project coordinator understands the data reporting requirement for the NRS. |  |  |  |
| **Performance Target (NRS Enrollment)** |
| The agency enrolled a minimum of 20 students in the program. |  |  |  |
| The agency meet or exceeded the Year One 85% enrollment target? If no, agency must provide improvement strategies/activities proposed for the 2018-2019 year. |  |  |  |
| **Workforce Development Board Memorandum of Understanding (MOU) and Local One Stop Infrastructure Cost (IC) Agreements** |
| Are all applicable collaboration agreements still in place (financial and non-financial)? |  |  |  |
| Are any changes or modifications to the 2017-2018 approved **MOU and/or IC Agreements** proposed for 2018-2019? If yes, agency must provide a copy of the updated MOU with this application. |  |  |  |
| Are any changes or modification to the 2017-18 approved Local **One Stop Infrastructure Cost Agreement**? If yes, agency provide a copy of the updated agreement with this application. |  |  |  |
| **Statutory Considerations** |
| Are the following **Statutory Considerations** still in place according to the original competitive application and any approved amendments? |
| 1. Regional Needs Assessment
 |  |  |  |
| 1. Serving Individuals with Disabilities
 |  |  |  |
| 1. Past Effectiveness
 |  |  |  |
| 1. Alignment with One-Stop Partners and Coordination with other Agencies
 |  |  |  |
| 1. Intensity, Duration and Flexible Scheduling
 |  |  |  |
| 1. Evidence-Based Instruction Practices and Reading Instruction
 |  |  |  |
| 1. Effective Use of Technology and Distance Learning
 |  |  |  |
| 1. Facilitate Learning in Context
 |  |  |  |
| 1. Qualified Instructor and Staff
 |  |  |  |
| 1. Partnerships
 |  |  |  |
| 1. Support Services
 |  |  |  |
| 1. High Quality Information and Data Collection Systems
 |  |  |  |
| 1. Integrated English Literacy and Civics Education
 |  |  |  |
| 1. Family Literacy Services (if applicable)
 |  |  |  |

**Address the following: Cells will expand when text is typed.**

|  |  |
| --- | --- |
| What was the total amount of your agency’s AGE 2017-2018 award for this project? | $ |
| How much has been spent to date (at the time completing this form)? | $ |
| What is the total amount that will be spent/encumbered by June 30, 2018? | $ |
| If 100% of the total allocation **will not be spent** and/or encumbered by June 30, 2018, explain why: |

Any performance shortfalls must be explained by including corrective measures implemented to prevent future shortfalls.

**Please respond here and use as much room as necessary to adequately address:**

Do you need technical assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to facilitate service, please state your need(s) and your program manager will contact you.

**Please respond here:**