

Division of Workforce Development Funding –Adult Education

I. GRANT AT-A-GLANCE

Title	Comprehensive Family Literacy Services (Continuation)
Authorization	Adult Education and Family Literacy Act
Purpose	To improve local adult education systems.
Target Audience	Families with adults needing adult education services.
Project Period	July 1, 2001 to June 2002
Project Amount	Apply for the currently funded amount or less
Eligible Applicants	Currently funded agencies and organizations.
Application Due Date	<i>June 18, 2001</i>
Entitlement/Discretionary Funding Source	Discretionary Federal
Contact	Appropriate Regional Team
Required Forms	<ul style="list-style-type: none"> • DOE 100A with appropriate signature • DOE 101 • Authorization Letter, if the Signature on the DOE 100A is other than that of the superintendent or president/chairman of the board, a letter authorizing that individual to sign MUST be attached to the DOE 100A form. • Self Assessment <hr style="border: 0.5px solid blue; margin: 10px 0;"/> <ul style="list-style-type: none"> • Regional Workforce Board Form
Other Requirements	<p>For Community-Based Organizations please include the following:</p> <ul style="list-style-type: none"> • List of current Board of Directors • Copy of current operating budget (non-profit organizations) • Copy of current audit report (non-profit organizations) • ESE Lobbying and Debarment Form

FLORIDA DEPARTMENT OF EDUCATION

Project Application Summary

Please return to: Florida Department of Education Room 325B Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 (850) 488-3137 Suncom: 278-3137 FAX: 278-6319	A) Program Name: Adult Education: Family Literacy Services (Continuation) 2000-2001 Project # _____	DOE USE ONLY Date Received <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
B) Name and Address of Eligible Recipient: _____ _____ _____		Project Number: _____ Total Amount Funded: \$ _____
C) Salaries/Benefits \$ _____ D) Purchased Services \$ _____ E) Expenses \$ _____ F) Capital Outlay \$ _____ G) Total \$ _____	H) Agency Contact Information	
	Name: _____ Telephone: _____ Fax: _____	Address: _____ Suncom: _____ E-mail: _____
CERTIFICATION/BUDGET BY SCHOOL DISTRICT/OTHER AGENCY		
The governing body of the applicant has authorized the filing of this application and the undersigned representative has been duly authorized to file this application and act as the authorized representative of the applicant in connection with this application.		
I, _____, (<i>Please Type Name</i>) do hereby certify that all facts, figures, and representations made in this application are true and are correct and are consistent with the statement of assurances signed and submitted previously. Furthermore, all applicable statutes, regulations, and procedures for program and fiscal control and for records maintenance will be implemented to ensure proper accountability of funds distributed for this project. All records necessary to substantiate these items will be available for review by state and federal monitoring staff. I further certify that all disbursements: will be obligated after project approval date and prior to the termination date; have not been previously reported; and were not used for matching funds on this or any special project.		
I) _____ Signature of Superintendent / Agency Head		

DOE 100A
Rev. 01/01

Charlie Crist, Commissioner



Instructions for Completion of DOE 100A

- A.** Enter the 2000-2001 project number from the table.
- B.** Enter Name and Address of Eligible Recipient.
- C.** Enter total Salaries and Benefits requested.
- D.** Enter total Purchased Services requested.
- E.** Enter total Expenses requested, including Indirect Cost.
- F.** Enter total Capital Outlay requested.
- G.** Enter total Amount Requested.
- H.** Enter information as requested.
- I.** To be signed by the appropriate person.

Note: Applications signed by officials other than Superintendent, or President/Chairman of the Board, must have letter of authorization to sign on the behalf of said official, attached to DOE 100 A or B when application is submitted.



Instructions

Budget Description Form

A. Enter District/Agency Name.

B. DOE USE ONLY.

- Provide a narrative description for each budget item by category. Include all information requested in the Request for Proposal (RFP) or Request for Application (RFA) for Salaries and Benefits, Purchased Services, Expenses, and Capital Outlay.

Self-Evaluation Assessment for Continuation Projects

Applications are reviewed and recommended for continuation by a Division of Workforce Development Regional Program Specialist and the Regional Director. Please help facilitate this process by completing this instrument using the most up-to-date information available from your FY 2000-01 project.

Agency Name: _____ Project #: _____

1. To date, are the scope and quality of services provided to target population(s) consistent with those identified in your FY 2000-01 project application? Briefly describe.
2. Are your financial cooperative agreements, as stated in your project application, in place?
3. Are your non-financial cooperative agreements, as stated in your project application, in place?
4. To date, what percentages of students have met the Core Indicator(s) for which the project was written?

a. indicator #1	25%__	50%__	75%__	100%__	Other ____
b. indicator #2	25%__	50%__	75%__	100%__	Other ____
c. indicator #3	25%__	50%__	75%__	100%__	Other ____
5. To date, what percentage of your budget funds have you expended?

a. 25%__	b.50%__	c.75%__	d. 100%__
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6. Based on your formative evaluation statements, is your project on task (i.e. your stated goals and objectives)?
7. Does your current management information system (MIS) have the capacity to report participant outcomes and measure program performances? If not, explain.
8. Are all members of your consortium in compliance with your stated objectives?
9. Based on your Performance Based Schedule, are you on schedule with your

invoices?	Yes__	No__	_____
deliverables?	Yes__	No__	_____
timelines?	Yes__	No__	_____

If No please explain
10. Have required reports and forms been submitted? (FA 399, 2000-01 DWD 333)

Is additional technical assistance desired? Please explain.

Any additional comments or statements?

Prepared by: _____

Name & Title

Signature _____

Agency Head

DOE Use Only	
Recommendation of Program Specialist	Approved _____ Not Approved _____
Justification: _____ _____	
Program Specialist Signature _____	Date _____

**REGIONAL WORKFORCE BOARD
COORDINATION
ASSURANCE FORM**

Complete Section A or B as appropriate and include in application package.

-----Section A

The Superintendent or Agency Head certifies that this application has been submitted to the Regional Workforce Board and that the activities outlined in the application are consistent with current Regional Workforce Board plans.

Signature of Superintendent/Agency Head

Date Submitted to Regional Workforce Board

Regional Workforce Boards are invited to submit comments regarding the application to the Division of Workforce Development by June 18, 2001.

Note: Section 121, Title I, Workforce Investment Act (WIA), sets expectations for recipients of Perkins postsecondary funds, or funds under Title II, WIA, Adult Education and Family Literacy, to enter into a Memorandum of Understanding with the Regional Workforce Board for participation in the One-Stop system.

-----Section B

The Superintendent or Agency Head certifies that this **application covers more than one Workforce Development Region**. The activities outlined in this application are related to Workforce Development and are consistent with the current Regional Workforce Board plans for all regions included in this application. ***Application submission to the Regional Workforce Board is not required.***

Signature of Superintendent/Agency Head

Date

Note: Section 121, Title I, Workforce Investment Act (WIA), sets expectations for recipients of Perkins postsecondary funds, or funds under Title II, WIA, Adult Education and Family Literacy, to enter into a Memorandum of Understanding with the Regional Workforce Board for participation in the One-Stop system.