

## Division of Workforce Development Funding –Adult Education

### I GRANT AT-A-GLANCE

<b>Title</b>	<b>Native American Continuation Application</b>
<b>Authorization</b>	Adult Education and Family Literacy Act
<b>Purpose</b>	To improve local adult education systems.
<b>Target Audience</b>	Native Americans who are 16 years adults or older, not in school or required to be in school, who have not attained a high school diploma
<b>Project Period</b>	July 1, 2001 to June 2002
<b>Project Amount</b>	Apply for the currently funded amount or less
<b>Eligible Applicants</b>	See list of continuation projects and amount
<b>Application Due Date</b>	<i>June 18, 2001</i>
<b>Entitlement/ Discretionary</b>	Discretionary
<b>Funding Source</b>	Federal
<b>Contact</b>	<a href="#">Appropriate Regional Team</a>
<b>Required Forms</b>	<ul style="list-style-type: none"><li>• <a href="#">DOE 100A</a> with appropriate signature</li><li>• <a href="#">DOE 101</a></li><li>• <b>Authorization Letter</b>, 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 <b>MUST</b> be attached to the DOE 100A form.</li><li>• <a href="#">Self Assessment</a></li></ul> <hr/> <ul style="list-style-type: none"><li>• <a href="#">Regional Workforce Board Form</a></li></ul>
<b>Other Requirements</b>	For Community-Based Organizations please include the following: <ul style="list-style-type: none"><li>• List of current Board of Directors</li><li>• Copy of current operating budget (non-profit organizations)</li><li>• Copy of current audit report (non-profit organizations)</li><li>• ESE Lobbying and Debarment Form</li></ul>

## 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	<b>A) Program Name:</b>  <b>Adult Education: Native Americans (Continuation)</b>  <b>2000-2001 Project # _____</b>	<b>DOE USE ONLY</b>  Date Received  <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<b>B) Name and Address of Eligible Recipient:</b>  _____  _____  _____		Project Number:  _____  Total Amount Funded: \$ _____
<b>C) Salaries/Benefits</b> \$ _____ <b>D) Purchased Services</b> \$ _____ <b>E) Expenses</b> \$ _____ <b>F) Capital Outlay</b> \$ _____ <b>G) Total</b> \$ _____	<b>H) Agency Contact Information</b>	
	Name:  _____  Telephone:  _____  Fax:  _____	Address:  _____  Suncom:  _____  E-mail:  _____
<b>CERTIFICATION/BUDGET BY SCHOOL DISTRICT/OTHER AGENCY</b>		
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.		
<b>I) _____</b> 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

<p><b>DOE Use Only</b>          Recommendation of Program Specialist</p> <p>Justification: _____          _____</p> <p>Program Specialist Signature _____</p>	<p>Approved _____          Not Approved _____</p> <p>Date _____</p>
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**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.