**Connecticut State Department of Education**

**Adult Education State Grant   
Adult Education Provider   
ED-244**

**2023-2024**

A black and white image of a tree

Description automatically generated with medium confidence

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ED-244

CONNECTICUT STATE DEPARTMENT OF EDUCATION

**Grant Application for Adult Education**

## 2023–2024

**INSTRUCTIONS FOR COMPLETION**

###### **General Information**

In accordance with Sections 10-67 through 10-73d of the Connecticut General Statutes (C.G.S.), the Connecticut State Department of Education (CSDE) requests proposals for state adult education program funds. State grants are based upon a percentage of eligible costs. Form ED-244, the Grant Application for Adult Education, is being used to collect proposals.

1. **PROGRAM REQUIREMENTS**

**Section 10-69 of the C.G.S. requires that each local and regional board of education provide adult education services in:**

1. Americanization and United States citizenship;
2. English for adults with limited English proficiency;
3. elementary basic skills; and
4. secondary school completion programs or classes.

**In order to meet this requirement, a local board must act in one or more of the following ways:**

1. provide its own programs;
2. arrange with a Regional Educational Service Center (RESC) to provide such programs and arrange payments to the provider;
3. form a cooperative arrangement with one or more boards of education and arrange payments to the providing board; and/or
4. establish with one or more boards a cooperative arrangement according to the provisions of Section

10-158a of the C.G.S. and arrange payments to the legal cooperative.

1. **APPLICATION PROCEDURES**

Providing District includes each eligible agency or school district that will provide an adult education program and seek state funds. The Providing District (applicant) must submit a proposal (Form ED-244), which the CSDE must receive in the Academic Office via e-mail no later than **3 p.m., April 15, 2023**. **No applications will be accepted after that date and time.**

The Cooperating District eligible for funding under Section 10-69 of the C.G.S. includes each eligible agency or school district that will arrange adult education services and payments through a Providing District. The Cooperating District must do the following to apply for state funds:

* provide input into the development of the provider proposal;
* indicate the amount to be paid to the provider; and
* sign the provider proposal to be submitted, after having reviewed the proposed activities and

budget.

The Providing District (applicant) for state funds and any Cooperating District seeking funding, must agree to provide adult education programs in accordance with all relevant state and federal statutes and regulations, including but not limited to the State Plan for the Adult Education and Family Literacy Act (Title II) for the Workforce Innovation and Opportunity Act, 29 U.S.C. §§ 3304 et seq.

1. **FUNDING**

**State funds**: Within available legislative appropriations, an eligible applicant will receive a state grant of between 0 and 65 percent of eligible costs for adult education. The CSDE calculates this grant according to computed ranking in the Adjusted Equalized Net Grand List per Capita.

1. **Providing District:** The CSDE determines eligible costs by subtracting from the eligible expenditures the total amount of any funds expended for such programs and services received from other state or federal sources and tuition received for non-resident adult students.
2. **Cooperating District:** The eligible cost is the payment made to a provider for eligible expenditures. Grants to cooperating districts are based on the amount indicated on the provider’s application (page 8).
3. **Payment amounts must reflect only eligible expenditures under Section 10-67 of the C.G.S. defined as those directly attributable to mandated programs and services:**

* Teachers, including teacher aides;
* Administration, including the director;
* Clerical assistance;
* Printing;
* Instructional materials and equipment, including computer equipment;
* Program supplies;
* Facility rental other than for facilities provided by a local or regional board of education pursuant to Section 10-70 of the C.G.S.;
* Staff development;
* Counselors;
* Transportation;
* Security; and
* Child care services.

1. During the fiscal year in which programs are offered, the CSDE shall make state grant payments to both providers and cooperators. The payment schedule is as follows:

**August 2023\*** 2/3 of the grant based on the approved eligible costs estimated in the April 2023 proposal.  
  
**May 2024\*** adjusted balance based on a revised estimate of eligible costs (ED-245) submitted by March 15, 2024, and the Expenditure Report submitted in eGMS by September 1, 2023 (for the previous year’s expenditures).  
  
**\***A program whose estimated state grant does not exceed $1,500 will receive **one** payment in May, 2024 following a revised estimate of eligible costs submitted March 15, 2024.

**SPECIFIC INSTRUCTIONS**

1. Form ED-244 must be received at the Academic Office via e-mail by 3 p.m. on or before April 15, 2023.
2. ED-244/244A documents must be sent electronically as individual documents and also uploaded into the Electronic Grant Management System (eGMS) as follows:
3. ED-244 form as a Microsoft Word document
4. ED-244A form as a Microsoft Word document (if appropriate)
5. Scanned Signatory Authorization page
6. Current Lease Agreements (if applicable)
7. Current Program Profile
8. NRS Table 4
9. Excel Budget Narrative Template pages and ED-114 Budget Form located on the CSDE Web site at [Adult Education State Grants](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents)
10. Include program name in **ALL** blanks provided including page headers, ED-114 etc.
11. Obtain required superintendent signature(s) on the Signatory Authorization form.
12. Use the Excel Budget Template located on the CSDE website for [Adult Education State Grants](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents) under Documents/Forms.
13. Enter all expenditures and revenues to the nearest dollar into the electronic Grant Management System (eGMS). Do not include cents. When completing Excel Budget Template pages, refer to the [Budget Buddy](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents)guide.
14. Have a current Statement of Assurances on file in the CSDE eGMS system.
15. Send all documents electronically to:

Marcy Reed, Program Manager  
[Marcy.Reed@ct.gov](mailto:Marcy.Reed@ct.gov)

Connecticut State Department of Education

**IMPORTANT**

Providing districts also submitting **Form ED-244A, Supplemental Grant Application for Adult Education,** must ensure the accuracy and completeness of that application. Failure to submit all the necessary materials and documentation will disqualify the district from receiving an additional grant.

**ASSISTANCE**

For further information, please contact Marcy Reed, Program Manager, at 860-807-2130 or [Marcy.Reed@ct.gov](mailto:Marcy.Reed@ct.gov).

**Form ED-244** Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 10/22 Year **2023-2024**

C.G.S. Secs. 10-67 through 10-73d

##### **CONNECTICUT STATE DEPARTMENT OF EDUCATION**

Academic Office

##### **GRANT APPLICATION FOR ADULT EDUCATION**

**INSTRUCTIONS**

1. Form ED-244 must be received at the Academic Office via e-mail by 3 p.m. on or before April 15, 2023.
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3. ED-244 form as a Microsoft Word document
4. ED-244A form as a Microsoft Word document (if appropriate)
5. Scanned Signatory Authorization page
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10. Include program name in **ALL** blanks provided including page headers, ED-114 etc.
11. Obtain required superintendent signature(s) on the Signatory Authorization form.
12. Use the Excel Budget Template located on the CSDE website for [Adult Education State Grants](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents) under Documents/Forms.
13. Enter all expenditures and revenues to the nearest dollar into the electronic Grant Management System (eGMS). Do not include cents. When completing Excel Budget Template pages, refer to the [Budget Buddy](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents)guide.
14. Have a current Statement of Assurances on file in the CSDE eGMS system.
15. Send all documents electronically to:

Marcy Reed, Program Manager  
[Marcy.Reed@ct.gov](mailto:Marcy.Reed@ct.gov)

Connecticut State Department of Education

**APPLICANT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organization: | | District or Agency: | | Town/Agency Code: |
| Address: | | | | Zip Code: |
| 2. Completed by: | | Title: | | Phone: |
| 3. Signature: | | | | Date: |
| 4. Adult Education provided by: **(check one)**  a) Provider Only ❑  b) Provider with Cooperating Districts ❑ | | | c) Cooperative Arrangement C.G.S. Section 10-158a ❑ | |
| 5. Total number of **students** anticipated: | | | Total number of **enrollments** anticipated: | |
| 6. Summer Operation: | YES: | | NO: | |
| 7. Number of cooperating eligible entity (CEE) application(s): | | | | |
| Entity name(s): | | | | |

**PROPOSED BUDGET**

|  |  |
| --- | --- |
| 1. Amount of **state/local** adult education funds | $ |
| 2. Payments from Cooperating Districts | $ |
| 3. **TOTAL** | **$** |
| 4. Anticipated per pupil cost (Total $ ÷ Number of students) | $ |
| 5. Anticipated per enrollment cost (Total $ ÷ Number of enrollments) | $ |

**Table 1 - Total students/enrollments per area:** To complete the FY 2022 Final column, use data from your district’s Program Profile report for FY 2022. To complete the FY 2023 Year to Date column, refer to the current data in LACES.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FY 2022 Final** | | **FY 2023 Year to Date** | |
|  | Students | Enrollments | Students | Enrollments |
| Americanization/Citizenship |  |  |  |  |
| English as a Second Language (ESL) |  |  |  |  |
| Elementary Basic Skills (ABE) and GED® Preparation |  |  |  |  |
| High School Credit Diploma Program |  |  |  |  |
| High School National External Diploma Program |  |  |  |  |
| **TOTALS** |  |  |  |  |

**Table 2 - Projected number of students in Adult Education programs:** Based on the data reported in Table 1, enter by district and by program type, the **projected** number of students expected for **FY 2024**. Be sure to list cooperating districts in order of town code. Each cooperating district must have a projected enrollment in asterisked (\*) columns and in at least one applicable secondary completion area.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Americanization/**  **Citizenship**  **(01)\*** | **ESL**  **(02)\*** | **Elementary Basic Skills**  **(03)\*** | **GED**® **Prep.**  **(04)** | **Credit Program**  **(05)** | **External Diploma**  **(06)** | **TOTAL**  **(07)** |
| **Providing District:** |  |  |  |  |  |  |  |
| **Cooperating Districts** |  |  |  |  |  |  |  |
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| **GRAND TOTAL** |  |  |  |  |  |  |  |

#### 

#### **PROGRAM QUALITY**

When developing program goals, objectives, activities and measurable outcomes for this section, please refer to your district’s **Final** **FY 2022 Program Profile** reports and LACES data as well as Connecticut’s Core Performance Benchmarks from the State Plan for Adult Education, as guides. Adult education programs should establish goals and measure performance goals in accordance with the above documents. Goals should be based on data and need and crafted to address a vision for continued progress in program growth and improvement.

**Identifying Adult Education Program Goals and Objectives**

Provide at least **four** (4) goals from the list below. For your adult education programs, be sure to include accompanying objectives that you have established. When identifying your program’s goals and objectives, please ensure that they:

* respond to the educational needs of the local/regional adult population;
* demonstrate program development, improvement, new CSDE initiatives;
* reflect an analysis of the data reported in the district’s 2022 Program Profile and LACES data;
* enhance program accountability; and
* Implementation of College and Career Readiness Standards.

**Goals** that support and enhance program improvement and accountability should include:

(Choose at least four)

1. Digital literacy including Northstar\*
2. Implementation of College and Career Readiness and/or English Language Proficiency Standards\*
3. Career Pathways including Career Navigation\*
4. Program planning and operations
5. Student recruitment/Student retention
6. Improving learning gains and secondary completion
7. Curriculum and/or instruction
8. Transition and/or support services
9. Interagency collaboration
10. Services for adults with disabilities
11. Worksite collaboration
12. Diversity and Inclusion

When stating your goals and objectives, be sure to:

* + detail those activities that you will undertake to successfully achieve stated objectives;
  + state the anticipated specific measurable results; and
  + describe the methods used to verify achievement.

\*Application must include at least one goal related to Digital Literacy, College and Career Readiness and Career Navigation.

#### **PROGRAM QUALITY GOALS**

Goals should be written to address issues as identified by the Program Profile and LACES data, to address overall program improvement or to create an enhancement or initiative. Programs are encouraged to craft goals that are specific and measurable.

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| --- | --- | --- |
| **Goal 1: Digital Literacy** | | |
| **Objectives:** | | |
| **Activities**  What specific activities will you undertake? | **Measurable Outcomes**  What specific, measurable results do you expect? How will you verify that these results have been achieved? | |
|  |  | |
| **Goal 2: CCRS/ELP Standards** | | |
| **Objectives:** | | |
| **Activities**  What specific activities will you undertake? | | **Measurable Outcomes**  What specific, measurable results do you expect? How will you verify that these results have been achieved? |
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| **Goal 3: Career Pathways/Career Navigation** | | |
| **Objectives:** | | |
| **Activities**  What specific activities will you undertake*?* | **Measurable Outcomes**  What specific, measurable results do you expect? How will you verify that these results have been achieved? | |
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| **Goal 4:** | | | |
| **Objectives:** | | | |
| **Activities**  What specific activities will you undertake? | | | **Measurable Outcomes**  What specific, measurable results do you expect? How will you verify that these results have been achieved? |
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**Professional Learning and Organizational Development Plan**

Please indicate those professional learning (PL) needs that you have identified for your staff and program by thoroughly completing the chart below. PL needs should relate to the 2023-24 Program Quality Goals (pages 5 and 6). Remember to include costs for consultants, in-service training specialists, workshops, teacher stipends, substitute teachers, travel, hotel, etc., in the budget narrative section of your grant application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Planned Professional Learning/Organizational Development Activities FY 2023-24 | | | | | |
| Identified PL/Org. Dev. Need | Goal # | Proposed Approaches, Resources, Strategies, Techniques and/or Instructional Programs, etc. | Expected Outcomes | Number of Staff to be Served | Total  Anticipated  Cost |
|  |  |  |  |  |  |
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**SIGNATORY AUTHORIZATION**

IMPORTANT: Each superintendent or agency head signature below attests to the following:

* knowledge and acceptance of the proposed program and budgets; and
* agreement to abide by the Statement of Assurances A-N submitted through the eGMS.

|  |  |  |  |
| --- | --- | --- | --- |
| **DISTRICT/AGENCY NAME** | **District Code** | **SIGNATURE**  (ProviderSuperintendent of Schools  or Authorized Agency**)** | **Provider District** **Budget Total**  **(**State/Local Dollars) |
| **Provider District:** |  |  |  |
|  |  |  |  |
| **Cooperating Districts:**  (Must be Listed in Numerical District Code Order) | **District Code** | **Signature** (Cooperator Superintendent of Schools  or Authorized Agency Head) | **Payments anticipated from Cooperating Districts** **for Eligible Expenditures C.G.S. Sec. 10-67** |
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| **Total Anticipated Payments from COOPERATORS ONLY:** | | |  |

During the program year, any change in the program plan or budget requires a program modification signed by the providing agency head and subsequently approved by the CSDE.

**NO MODIFICATIONS WILL BE ACCEPTED AFTER MARCH 15, 2024**