**Connecticut State Department of Education**

**Adult Education State Grant Revision  
Adult Education Provider   
ED-245**

**2023-2024**

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Description automatically generated with medium confidence**

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**ED-245**

**Connecticut State Department of Education  
Grant Application Revision for Adult Education FY 2023-24**

**General Information**  
Pursuant to Connecticut General Statutes (C.G.S.) Sections 10-67 through 10-73c, the Connecticut State Department of Education (CSDE) requires that recipients of State grants for adult education submit revised eligible costs for the current fiscal year. The Adult Education Form ED-245 collects final budget revision data that the CSDE will use to calculate the May payment of State grants to program providers and cooperating districts.

**Specific Instructions**

1. Form ED-245 must be received via e-mail at the Academic Office no later than 3:00 p.m. on March 15, 2024.
2. ED-245/245A documents must be sent electronically as individual documents as follows:

* ED-245/245A form as a Microsoft Word document
* Scanned Provider Superintendent Signature page
* Current Program Brochure (or URL if Brochure is available online)
* Current Program Profile
* Staff Table
* Class Enrollment by Town of Residence Report
* NRS Table
* Career Navigation Plan
* **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)

1. For districts that have a Cooperating Eligible Entity (CEE), attach the ED-245A form provided by the CEE director and signed by the district superintendent.
2. Expenditures are entered to the nearest dollar. Do not include cents.
3. Enter all budget revisions in the Electronic Grant Management System (eGMS) prior to 3:00 p.m. on March 15, 2024 and ensure that these match the Excel Budget Narrative Template.
4. When completing the budget revisions, refer to the [Budget Buddy](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents).
5. Send all electronic copies to:

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

**Final Payment**

The final adjusted adult education grant payment is based on the revised estimate of eligible costs provided in the

ED-245 and the FY2023 Expenditure Report. The final payment will be determined by subtracting the amount of previous payments from the revised grant amount. There will either be an additional amount or a reduction as a Prior Year Adjustment (PYA).

**Assistance**

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

**Connecticut State Department of Education**

**Grant Application Revision for Adult Education**

**Specific Instructions**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | |
| 1. District or Agency: | | | | Town Code: | |
| 2. Address: | | | | Zip Code: | |
| 3. Revision Completed by (Print): | | Title: | | Phone: | |
| 4. Signature: | | | | Date: | |
| **Budget** | | | **ED-244** | | **ED-245** | |
| 1. Amount of State/local adult education funds | | | $ | | **$** | |
| 1. Payments from cooperating districts | | | $ | | **$** | |
| C. Total | | | **$** | | **$** | |
| **Check One** (follow instructions): | | | | | |
| **D.** | **There are** **no changes within line items and no change to the budget total** from the ED-244 submission. | | | | |
| **E.** | **There are changes within line items and/or changes to the budget total** from the ED-244 submission.  Include the ED-245 **Excel** Budget Narrative Template pages and ED-114 Budget Form and enter all revisions in eGMS. **No changes may be made to Cooperator tuition amounts.** | | | | |

**F. Director Information**

Complete Columns **A** and **B in the chart below**. As reported in the ED-244 for FY 2024, the percentage reported in Column B for time spent on legislatively-mandated courses must directly correspond with the percentage of the director’s salary attributed to this responsibility. The percentages in Column B must equal 100 percent.

|  |  |  |
| --- | --- | --- |
| **F. Adult Education Director Information** | | |
| **A) Time Commitment of Director’s Position (check one):** | **B) Percentage of Adult Education Director’s Time Spent on Each Category Below:** | |
| Full-time adult education administrator | Legislatively-mandated courses |  |
| Full-time administrator; adult education is a portion of job | Vocational adult education courses |  |
| Full-time teacher and part-time adult education  Administrator | General adult education (enrichment courses) |  |
| Part-time teacher and part-time adult education  Administrator | Other district responsibilities |  |
| Part-time adult education administrator only |  |  |
| Other (describe) | Total Percentage | **100 percent** |

**G. 2023-24 Goal Status**

Indicate the progress made on the goals submitted with the ED-244 for FY 2024. In the tables below, address the progress made towards the three goals:

* Update the list of specific activities you projected with a list of the activities provided, ongoing or scheduled.
* Update the outcomes, indicating specific completed or projected outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal 1:** | | | |
| **Objective(s):** | | | |
| **Activities**  What specific activities have been implemented?  If not all proposed activities have been implemented, what is the status of those activities? | | **Measurable Outcomes**  What progress has been made towards achieving outcomes related to this goal? | |
|  | |  | |
| **Goal 2:** | | | |
| **Objective(s):** | | | |
| **Activities**  What specific activities have been implemented?  If not all proposed activities have been implemented, what is the status of those activities? | **Measurable Outcomes**  What progress has been made towards achieving outcomes related to this goal? | | |
|  |  | | |
| **Goal 3:** | | | |
| **Objective(s):** | | | |
| **Activities**  What specific activities have been implemented?  If not all proposed activities have been implemented, what is the status of those activities? | | | **Measurable Outcomes**  What progress has been made towards achieving outcomes related to this goal? |
|  | | |  |
| **Goal 4:** | | | |
| **Objective(s):** | | | |
| **Activities**  What specific activities have been implemented?  If not all proposed activities have been implemented, what is the status of those activities? | | | **Measurable Outcomes**  What progress has been made towards achieving outcomes related to this goal? |
|  | | |  |

**H. Student Enrollment**Enter the 2023-24 **projected** number of students (from the ED-244) in the ED-244 column and the **current** number of **reportable** students in the ED-245 column for each program area. List cooperating districts in order of town code. For current student numbers use LACES report **Class Report by Town of Residence** and attach a copy of that report with the ED-245. **Filter for the current fiscal year and Hours >= 12 to count only reportable students**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Citizenship** | | **ESL** | | | **ABE/GED**® | | **CDP** | | **NEDP** | | **Total** | |
|  | **ED-244** | **ED-245** | **ED-244** | | **ED-245** | **ED-244** | **ED-245** | **ED-244** | **ED-245** | **ED-244** | **ED-245** | **ED-244** | **ED-245** |
| **Providing District:** |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Cooperating Districts:** |  |  |  |  | |  |  |  |  |  |  |  |  |
| 01 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 07 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  | |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  | |  |  |  |  |  |  |  |  |

**I. Brochure Review**

Provide the most recent copy of your program’s brochure (or URL if your brochure is online). In the brochure, be sure to highlight the items below. If item four is NOT included in your program’s brochure, please provide a copy of the student handbook or other policy document that provides this information to students.

1. Affirmative Action Statement/Non-Discrimination Clause.
2. Accommodation Information/Contact Person (name and phone number).
3. GED® Test Accommodation Clause/Contact Person (name and phone number).
4. Policy or written statement demonstrating that the provider is in compliance with

C.G.S. Sections 10-73a(c) and does not charge a fee for any textbooks or materials used  
in the mandated program areas.

**J. Non-Mandated Courses and Activities**

|  |  |
| --- | --- |
| Required Information | Y/N |
| 1. The total enrollment figure for your program’s non-mandated (enrichment) courses and activities. |  |
| 1. The total number of college preparatory/postsecondary developmental education courses offered. |  |
| 1. The total number of students with a high school diploma enrolled in the college preparatory/postsecondary developmental education course(s) offered. |  |
| 1. The fee(s) charged for the college preparatory/postsecondary developmental education non-mandated course(s) referenced in number two above. |  |

**K. Total Adults Served to Date**

To complete the chart below, use current (FY2024) Program Profile, page 3. To complete Column B, refer to page 3 Retention Summary Chart. To complete Column C, refer to page 1, Community Needs section. To compute the percentage for Column D, divide each total in Column B by the number in Column C.

|  |  |  |  |
| --- | --- | --- | --- |
| **K. Program Student Count/Community Needs** | | | |
| **A** | **B** | **C** | **D** |
| **Program Areas** | **Current Student Count** | **Number** of adults who are not proficient in English | **Percent** of adults served to date who are not proficient in English |
| Citizenship |  |  |  |
| English as a Second Language (ESL) |  |
| **Total** |  |  |  |
|  |  |  |  |
|  |  | **Number** of adults without a high school diploma | **Percent** of adults served by the program to date without a high school diploma |
| Adult Basic Education (ABE)/GED |  |
| Credit Diploma Program (CDP) |  |
| National External Diploma (NEDP) |  |
| **Total** |  |

**Signatory Authorization**

* As acknowledgement and acceptance of the budget, the signature of the providing district superintendent or agency head is required with the understanding that the State funds are based on the preliminary support percentage of the total budget.
* If the provider budget is a revision of the authorized amount on the ED-244, please indicate that by entering a check mark in the final column (**✓).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District/Agency Name** | **District**  **Code** | **Signature**  (Provider Superintendent Of Schools Or Authorized Agency Head) | **Provider District**  **Budget Total**  (State/Local Dollars) | **Check If**  **Budget Total Is A Revision**  **(✓)** |
| **Provider District/Agency:** |  |  |  |  |