**Connecticut State Department of Education**

**Adult Education State Grant Revision**

**Cooperating Eligible Entity (CEE)  
ED-245A**

**2023-2024**

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Description automatically generated with medium confidence**

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**ED-245A**

**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-245A collects final budget revision data that the CSDE will use to calculate the May payment of state grants to a Cooperating Eligible Entity (CEE).

**Specific Instructions**

1. Form ED-245A 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 for brochure on website)
* Current Program Profile
* Staff Table
* Class Enrollment by Town of Residence Report
* NRS Table 4
* 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. Expenditures are entered to the nearest dollar. Do not include cents.
2. 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 align with the Excel Budget Narrative Template.
3. When completing the budget revisions, refer to the [Budget Buddy](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents).

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-245A and the FY 2023 Expenditure Report. The final payment will be determined by subtracting the amount of previous payments from the revised grant amount. There will be either 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**

**Instructions**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | |
| 1. District or Agency: | | | | | Town Code: | |
| 2. Name of Cooperating Eligible Entity (CEE): | | | | | Phone: | |
| 3. Address: | | Town: | | | Zip Code: | |
| 4. Revision completed by: | | Title: | | | Phone: | |
| 5. **Print** Name of CEE Agency Head: | | | Signature: | | | Date: |
| 6. **Print** Name of district Superintendent of Schools: | | | Signature: | | | Date: |
| **Budget** | | | | **ED-244A** | **ED-245A** | |
| **A.** Revenues from private sources | | | | $ | $ | |
| **B.** State Adult Education reimbursement percentage (0-65%) | | | | % | % | |
| **C.** Revised state grant (A x B)  Not to exceed 20% of **FY 2023** grant to provider district/RESC | | | | $ | $ | |
| **D. Total project budget (A + C)** | | | | **$** | **$** | |
| **Check One (follow instructions)** | | | | | | |
| **E.** | **There are no changes within line items and no change to the budget total** from the ED-244A submission. | | | | | |
| **F.** | **There are changes within line items and/or a change to the budget total** from the ED-244A submission. | | | | | |

**F. 2023-24 GOAL STATUS**

Indicate the progress made on the three goals submitted with the ED-244A for FY2024.

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? |
|  |  |

**G. Total Adults Served**

To complete the chart below, use the current (FY24) Program Profile. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **G. 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 |  |
| High School Credit Diploma |  |
| National External Diploma (NEDP) |  |
| **Total** |  |

**Table A**

## **Summary Statement of Actual Cash Payment of Private Source Money**

**Note: Evidence** **of each payment must be available upon request.**

In the chart below, list all **private source** contributors. **Evidence on file** must correspond to each private source item listed. If private source funds are deposited electronically into the CEE account, (e.g., non-profit contributions) provide copies of the CEE monthly bank statements highlighting those electronic deposits as **evidence**. If private source funds listed are from foundations, private donors or fundraising events, (e.g., silent auction, scrabble tournament, fashion show, breakfast with Santa, etc.) provide a deposit **receipt** from the bank or provide the monthly CEE bank statement highlighting the deposit from listed donor or event.

**Please note:** If private source donations are made on an installment basis, (e.g.,non-profit contributions) **list only those payments received to date in Table A.** Donations of this nature must have a letter of commitment from the contributor. Use **Table B** on page 7 to record remaining payments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Private Source** | **Total Funds Committed** | **Payment Received** | | **Evidence: Check (✓) all that apply** | |
| **Date** | **Amount** | **Deposit**  **Receipt** | **CEE Bank**  **Statement** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Totals carried forward from additional pages** |  |  |
| **Grand Total** |  |  |

**Table B**

## **Summary Statement of Remaining Cash Payment(s) of Private Source Money**

Complete the table below for any private source contributor providing funds to the CEE on an installment basis (e.g., United Way) over the duration of the fiscal year.

Be sure to attach a copy of each donor’s original letter of commitment that supports the funds committed and the

Schedule of Payments for the fiscal year. **Final payments must be received by June 30, 2024.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Private Source** | **Total Funds Committed** | **Amount Received to Date** | **Number of Payments Remaining** | **Date(s) of Remaining Installments** | **Amount of**  **Each Installment** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| **Total Amount**  **Remaining** |  | |  |  |  |