**Connecticut State Department of Education**

**Adult Education State Grant   
Cooperating Eligible Entity (CEE) Supplemental Grant   
ED-244A**

**2024-2025**

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Description automatically generated with medium confidence

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ED-244A

Connecticut State Department of Education

**Supplemental Grant Application for Adult Education**

**Cooperating Eligible Entity (CEE)**

## 2024-2025

**Instructions for Completion**

## General Information

In accordance with Section 10-71(b) through (c) of the Connecticut General Statutes (C.G.S.), a Cooperating Eligible Entity (CEE) may apply for state adult education dollars by submitting an application through a local or regional board of education or Regional Educational Service Center (RESC). Form ED-244A, Supplemental Grant Application for Adult Education, is being used to collect proposals.

A CEE is defined in Section 10-67(4) of the C.G.S. as “ any corporation or other business entity, nonprofit organization, private career school authorized pursuant to sections 10a-22a to 10a-22o, inclusive, institution of higher education authorized pursuant to the provisions of section 10a-34, technical education and career school or library that provides classes or services specified under subparagraph (A) of subsection (a) of section 10-69, in conformance with the program standards applicable to boards of education, through a written cooperative arrangement with a local or regional board of education or regional educational service center”.

A local or regional board of education or RESC shall be eligible to receive a grant of up to 20 percent of the state adult education grant received by that local or regional board of education or RESC for the previous fiscal year.

One or more CEEs may apply for a grant through a local or regional board of education or RESC operating an adult education program. The sum of a district’s CEE grants may not exceed the 20 percent of the state grant which the local or regional board of education or RESC received in the previous fiscal year. An eligible applicant will receive a state grant of between 0 percent and 65 percent of eligible costs for adult education.

**In order for a CEE to receive funds under this grant, the following conditions must be met:**

1. As verified by the audited Expenditure Report for the district, the eligible expenditures of the local board from local sources in a fiscal year must not be less than 70 percent of the eligible expenditures from local sources for the previous fiscal year.
2. As the local share must be included as part of the ED-244A submission, a written Commitment of Funds from private sources to be utilized is due on April 15, 2024. If an agency contributes to a CEE on a monthly or quarterly basis, its letter of financial commitment must include a clearly described schedule of payments.
3. Private contributions cannot be from any public source. This includes federal, state and town (municipal) funds. Fair market value or in-kind contributions will not be accepted. **Contributions** **must be cash only**.
4. Commitment to provide evidence of actual private source payment must be submitted to the Connecticut State Department of Education (CSDE) Academic Office no later than March 15, 2025.
5. The local board and the CEE must submit a written plan describing the collaborative venture for the utilization of the additional funds, and include the program budget, budget narrative and assurances that both the local board and CEE will adhere to all programmatic and fiscal standards contained in the Statement of Assurances.
6. All funds received under this supplemental grant are subject to verification of previous year funding and shall be adjusted accordingly.

**Specific Instructions**

1. Form ED-244A must be received via e-mail at the Academic Office no later than 3 p.m. on April 15, 2024.
2. ED-244/244A documents must be sent electronically as individual documents and also uploaded into the Electronic Grant Management System (eGMS) as follows:

* ED-244/244A form as a Microsoft Word document
* Scanned Signatory Authorization page
* Current Program Profile
* If applicable, letters of commitment of funds from private sources, including a schedule of payments
* NRS Table 4
* 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. Enter all budgets in eGMS prior to 3:00 p.m. on April 15, 2024. Ensure that these align with the Excel Budget Narrative Template. Do not use cents.
2. When completing the budget, refer to the [Budget Buddy](https://portal.ct.gov/SDE/Adult-Ed/State/Adult-Education-State-Grants/Documents).
3. Providing districts also submitting **Form ED-244A, Supplemental Grant Application for Adult Education,** on behalf of the CEE 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.
4. Send all documents electronically to:

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

**Assistance**

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

## Connecticut State Department of Education

Academic Office

##### **Supplemental Grant Application for Adult Education**

Cooperating Eligible Entity (CEE)

###### **Instructions**

1. Form ED-244A must be sent to the Academic Office via e-mail on or before 3 p.m. on April 15, 2024.
2. ED-244/244A documents must be sent electronically as individual documents and also uploaded into the Electronic Grant Management System (eGMS) as follows:

* ED-244/244A form as a Microsoft Word document
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3. Providing districts also submitting **Form ED-244A, Supplemental Grant Application for Adult Education,** on behalf of the CEE 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.
4. Send all documents electronically to:

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

**CEE Applicant Information**

|  |  |  |
| --- | --- | --- |
| 1. Organization: | District or Agency: | Town/Agency Code: |
| 1. Name of Cooperating Eligible Entity: | | Phone: |
| 1. CEE Address: | Town: | Zip Code: |
| 1. Completed by: | Title: | Phone: |
| 1. Signature: | | Date: |

**CEE Proposed Budget**

|  |  |
| --- | --- |
| 1. Anticipated revenues from private sources | $ |
| 1. **FY 2025** State Adult Education reimbursement percentage for the district (0-65%) | % |
| 1. Anticipated state grant (A x B). Not to exceed 20 percent of FY 2024 state grant   to provider district or RESC | $ |
| 1. **TOTAL** project budget (A + C) | **$** |

##### **CEE Program Abstract**

|  |  |  |
| --- | --- | --- |
| Name of CEE: | | |
| Total State Funds Requested:  **Not to exceed 20 percent of FY 2024 state grant to provider district or RESC**. | | **$** |
| Program Beginning Date: | Program Ending Date: | |
| CEE will serve students in the following Adult Education Program Areas:  (check all that apply) | | \_\_Citizenship \_\_ESL \_\_ABE/GED  \_\_HSCDP \_\_NEDP |

**TABLE 1 - Total students/enrollments in CEE Adult Education Programs per area:** To complete the FY 2023 Final column, use data from thefinal Program Profile report for FY 2023 and Literacy Adult and Community Education System (LACES) data for FY 2023. To complete the FY 2024 Year to Date column, refer to the current data in LACES.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FY 2023 Final** | | **FY 2024 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 |  |  |  |  |
| National External Diploma Program |  |  |  |  |
| **TOTALS** |  |  |  |  |

**TABLE 2 - Projected number of students in CEE Adult Education Programs:** Based on the data reported in

Table 1, enter the total **projected** number of students expected for **FY 2025** and then calculate anticipated per pupil cost.

|  |  |
| --- | --- |
| Total number of **students** anticipated to be served by the “**Total”** Project Budget. (Proposed Budget page 1, item D.) |  |
| Anticipated Per Pupil Cost. | **$** |

**Project Design**: (Give a brief description of the overall plan of the project.)

|  |
| --- |
|  |

**Program Quality Plan Section One**

Provide a response to the following questions:

|  |
| --- |
| 1. **What services will be provided by each of the collaborating agencies of this CEE project?** |
|  |
| 1. **How do the services mentioned above enhance or supplement (not supplant) services provided to the target population through each of the collaborating agencies?** |
|  |
| 1. **What means will each partner use to evaluate the effectiveness of the collaboration?** |
|  |

|  |
| --- |
| 1. **What is the CEE’s plan for managing the data entry into LACES (e.g., will the data be entered by the CEE on-site)? If ‘yes,’ does the CEE have Internet connectivity?** |
|  |
| 1. **What method will be utilized by the local or regional board of education or RESC to distribute the CEE grant dollars to the CEE?** |
|  |

**Program Quality Plan Section Two**

When developing your CEE program’s goals, objectives, activities and measurable outcomes for this section, please refer to your agency’s **FY 2023 Program Profile** 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 their goals and measure their performance in accordance with the above documents.

**Identifying CEE Adult Education Program Goals and Objectives:**

Provide at least **four (4)** goals from the list below. Be sure to include accompanying objectives that you have established for this CEE project. When identifying your program’s goals and objectives, please ensure that they:

* respond to the educational needs of the adult population;
* demonstrate program development, improvement or enhancement;
* reflect an analysis of the data reported in the district’s Program Profile and LACES NRS tables and data;
* enhance program accountability; and
* advance college and career readiness through implementation of the College and Career Readiness Standards.

At least four goals must be chosen that support and enhance program improvement and accountability:

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 goals relating to each of the following: Digital Literacy, College and Career Readiness and/or English Language Proficiency Standards and Career Pathways including 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.

|  |  |  |
| --- | --- | --- |
| **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:** Implementation of College and Career Readiness and/or English Language Proficiency 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? |
|  | |  |

|  |  |  |
| --- | --- | --- |
| **Goal 3:** Career Pathways including 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? | |
|  |  | |
| **Goal 4:** (Local program defined objective) | | | |
| **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? |
|  | | |  |

**Commitment of Private Source Funds**

**Enclosed are Letters of Commitment of Private Source funds for our 2024-2025 Cooperating Eligible Entity Grant from the following sources:\***

|  |  |
| --- | --- |
| Source of Private Funds | **Funds Committed** |
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|  |  |
| **Total Private Source Funds** Must equal item A on page 1 | **$** |

**Important**

**\***Letters of financial commitment must be written by the agency making the private source donation.

Letters of financial commitment should specify that the funds:

a) are designated for the CEE activity for the program year 2024-2025;

b) are to be paid to the CEE agency by June 30, 2025; and

c) if contribution is not a one-time payment, indicate the payment or deposit schedule (into CEE account).

Private contributions cannot be from any public source. This includes federal, state and municipal funds.

**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:** | **Cooperating Eligible Entity:** |
| **Signature** (Superintendent of providing district  or RESC agency head): | **Signature** (Agency Director): |
| **Print Name:** | **Print Name:** |
| **Title:** | **Title:** |
| **Date:** | **Date:** |