**GUIDELINES FOR END-OF-YEAR PROGRAM PERFORMANCE NARRATIVE
IN PY 2019-2020**

ADULT EDUCATION PROGRAM

INSTRUCTIONAL PROGRAMS 2019-2020
End of Year Report Guidance

WORKFORCE INNOVATION & OPPORTUNITY ACT – TITLE II

Submit ONE ORIGINAL:

**Wyoming Community College Commission
Adult Education Program
Attn: Adult Education State Director
2300 Capitol Ave, 5th Floor, Suite B
Cheyenne, WY 82002**

TO: AE Directors
FROM: Diane McQueen
RE: End-of-Year Narrative Report for Local AE Programs

Report Due Date: August 1, 2020

This packet will give guidance for the AE end-of-year narrative report.

Documents for AE Programs

A. A *__narrative__* section in which you are to answer the questions below:

(1) Describe the effects of COVID-19 on your program in the following areas:
 a. Performance & completions
 b. Enrollment & intake processes
 c. Career Services course completion
 d. Delivery of instruction
 e. Retention
 f. Program changes
 g. Program challenges
 h. Financial impact(s)

(2) Describe successes in and challenges to the overall program this current year.
 a. Include any changes or modifications made to your program to enhance student performance, staff performance, and new or closed class sites.
 b. List the goals your program had for program improvement this year and the steps you took to ensure the completion of these goals.
  i. If you did not meet your goals, provide a discussion to explain this.
 c. If you serve ESL students, describe your transitional plan on how you transition your ESL students into ABE classes, and/or to work.
 d. If you served IELCE students, describe your efforts in meeting the requirement to provide IELCE services in combination with integrated education and training activities.
  i. Describe how you are progressing towards preparing and placing IELCE participants in unsubsidized employment in in-demand industries and occupations that lead to economic self-sufficiency as described in 243(C)(I) and discuss any performance results, challenges and lessons learned from implementing those program goals.
  ii. Describe how your program is progressing towards program goals of ensuring that IELCE program activities are integrated with the local workforce development system and its functions as described in section 243(c)(2) and discuss any performance results, challenges, and lessons learned from implementing those program goals.

(3) Performance Data Analysis:
 a. Describe how the adult education program performed in the overall core indicators of performance, inclusive of educational functioning levels, employment, post-secondary enrollments/trainings, credential attainment
  i. Also include explanations for why you believe students separated before completing at each educational functioning level.
  ii. Include information on changes in classes, staff, and other influences that may be reasons for increases or decreases in performance over the previous year.
 b. Discuss efforts to prepare and place students into:
  i. Post-secondary education/training
  ii. workforce
 c. Describe the post-testing rate (percentage of students when comparing Table 4 and Table 4B) and if it is below 60% give strategies to improve this rate for next year.
 d. Discuss how the results of these analyses will be used to improve quality and effectiveness in the 2020-2021 grant year.

(4) Describe how your AE program has supported the integration of AE activities with each of the following:
   a. other adult education,
   b. career development, and
   c. employment and training activities in your service area during this year.

(5) Professional Development: Describe your efforts to improve teacher/staff quality.
Describe activities and training to create and support higher accountability and teacher quality. You may include targeted professional development, program level goal setting, implementing the LACES data collection system and CommunityPro trainings for designated staff and other training you believe promotes teacher quality and student success.

(6) Program Evaluation and Monitoring:
   a. Describe how monitoring and the evaluation of program quality of adult education activities was conducted.
   b. Discuss how evaluation results are used to improve program performance?

(7) Adult Education's use of College and Career Readiness Standards:
   a. Describe efforts to ensure CCRS are utilized in the classroom and in lesson planning.
   b. What additional efforts have been implemented to increase readiness for college or training through IET or bridge programs this year?
   c. Describe efforts, challenges and lessons learned by implementing, maintaining, and/or utilizing the CCRS in classrooms.

(8) Essential Components of Reading
   a. Describe efforts to ensure that the Essential Components of Reading are embedded into instructional methodologies and practices used by your program.
   b. Briefly describe how each of the following are addressed in classrooms:
      i.   alphabetic(s)
      ii. reading fluency
      iii. vocabulary development
      iv. reading comprehension

(9) Alignment of adult education activities with other one-stop required partners to implement the strategies in the Unified Plan to have an educated citizenry.
   a. Describe program efforts and referral processes to ensure participants have access to wrap around services for the successful completion of a program of study
   b. Describe the applicable career services that are provided in the one-stop system.
   c. Describe specific activities you either do for another WIOA partner or that you and a partner are collaborating in to present to participants or potential participants.
   d. Describe your direct connectivity to the One-Stop center in your area.
   e. Describe how your program works in conjunction with Next Generation Sector Partnerships efforts in your area

B.   NRS TABLES: Include your NRS tables 1-8 & 10 that cover the time period of July 1, 2019 to June 30, 2020.

C.   Teacher Information:

Update LACES on teacher and director status after June 30, 2020. Print and submit the list of staff in LACES for your program for the new grant year and the role you have assigned in the LACES system.

   a. All new staff not identified on the recent RFP must complete the new instructor form.
   b. Any new staff must have a signed Confidentiality Agreement on file with the state office.
      These forms may be found on the WCCC website. (Reporting Section)
      https://communitycolleges.wy.edu/adult-education/directors/ and are also included herein.

D. **Additional forms and reports:**
   a. Cover Sheet
   b. Data Quality Checklist (include program name at the top of the first page)
   c. Cash and In-kind reports forms – This is a 2 page form and both pages need to be completed even if $0 were expended.
   d. Fiscal Status Reports for each grant (AE: Federal, AE: State, AE: Federal Corrections or AE: Federal IELCE)
   e. PowerPath **Summary** report for the grant year 2019-2020

ADULT EDUCATION AND LITERACY PROGRAM

Wyoming Community College Commission

Program Year 2019-2020 End of Year Report

[Please Included This Cover Page]

Grantee/ Agency:	
AE Program Director:	
Address:	
City/State/Zip:	
Telephone Number:	**Fax Number:**
E-Mail Address:	

Signature of Authorized Representative	**Date**
Printed Name of Authorized Representative	
Print Name & Phone number of Person responsible for fiscal records	

Wyoming

TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST: *2019-2020*

The National Reporting System (NRS) state data quality standards identify the policies, processes and materials that states and local programs should have in place to collect valid and reliable data for the NRS. The Division of Adult Education (DAEL) within the Office of Career, Technical & Adult Education (OCTAE) developed the standards to define the characteristics of high quality state and local data collection systems for the NRS. The standards provide an organized way for DAEL to understand the quality of NRS data collection within the states and also provide guidance to states on how to improve their systems.

In order to complete the NRS State Data Quality Standards Checklist, Wyoming requires that Title II Grantees complete the following abbreviated version certifying the quality of local data and adherence to state policy.

Instructions for Completing the Wyoming Checklist

Local programs use this Wyoming checklist to rate their implementation of the data quality standards in their NRS data collection procedures.

The local program director must certify the checklist and submit it along with the annual end of year report.

Data Quality Improvement Plan

For areas where the local program does not reach "Acceptable" standards, a data quality improvement plan must be completed to describe the program they have identified and their plan for correction. The plan will address all standards the program did not meet, describe what new policies or procedures will be put in place to meet the standards, identify barriers to compliance and the technical assistance needed to implement the plan. AE State Office will offer technical assistance to programs to meet the goals of their data quality improvement plan.

All narrative descriptions should be brief – but sufficient enough to convey the information requested. No more than a few sentences are necessary.

For the *2019-2020* program year, non-compliance is defined as a failure to meet "Acceptable" standards for any program area. For subsequent program years, non-compliance will be defined a failure to meet "Superior" standards.

Submission and Certification

Local programs complete the checklist for the *2019-2020* program year for the NRS data exported to AE State Office by *June 30, 2020*. This checklist will serve as a baseline for identification of training issues and is due to AE State Office with the **End of Year Report**.

Wyoming
TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST

Program: **Date:**

_____   _____

A. DATA FOUNDATION AND STRUCTURE

Acceptable Quality:

1. Local Program has received and follows state assessment policies as written including: (A) Use of standardized assessments for accountability that are state approved as valid and appropriate for adult students.	Yes ☐	No ☐
(B) Assessments used for accountability are administered by trained staff.	Yes ☐	No ☐
(C) Time periods (in hours or weeks) for when to pre-and post-test are followed.	Yes ☐	No ☐
2. Local Program has received and follows state goal setting policies as written for student goal setting.	Yes ☐	No ☐
3. Local Program follows state policy as written for collecting data on students for follow-up measures.	Yes ☐	No ☐
4. Local program has established a procedure for collecting Social Security Numbers (including how to deal with missing numbers) and documenting informed consent for data matching.	Yes ☐	No ☐
5. Local Program has received written definitions for all measures, including demographic measures and contact hours, and has provided them to all appropriate staff. (NRS Guidelines)	Yes ☐	No ☐

If you answered 'No' to any of questions 1-5, skip the rest of this section and go to *Section B, Data Collection and Verification.*

If you answered 'Yes' to each of questions 1-5, continue with *question 6*.

Superior Quality

6. Local Program has provided a current version of the *Technical Assistance Guide for Performance Accountability under the Workforce Innovation and Opportunity Act,* also online at https://nrsweb.org/sites/default/files/NRS-TA-Aug2019-508.pdf which defines primary indicators of performance, measures and data collection methods, quality control and reporting to all appropriate staff.	Yes ☐	No ☐
7. Local Program is aware of the availability of state-provided continuous, additional technical assistance and resources on assessment, data collection and follow-up procedures (e.g. site visits, contact persons, manuals, online resources).	Yes ☐	No ☐

Continue with *Section B.*

Exemplary Quality
(No standards exist that are locally applicable)

B. DATA COLLECTION AND VERIFICATION

Acceptable Quality

8. Local Program has an electronic management information system (MIS) LACES system which is used in Wyoming. This has individual student records within a relational data base structure. The LiteracyPro LACES system incorporates NRS measures using common definitions and categories.	Yes ☐	No ☐
9. LACES has error checking functions used by Local Program staff (e.g., that identify out-of-range values and missing data).	Yes ☐	No ☐
10. Local Program utilizes state approved standardized forms (electronic or paper) for collecting student information (e.g., intake, attendance, goal setting) that include all NRS measures and have correct NRS definitions and categories.	Yes ☐	No ☐
11. Local Program follows state polity for recording contact hours that conform to NRS requirements. Signed time sheets or signed time cards, electronic time cards or a teacher log of student hours for virtual classrooms.	Yes ☐	No ☐
12. Local Program has staff with clear responsibility for data collection and data entry.	Yes ☐	No ☐
13. Local Program staff checks data for errors utilizing the LACES Diagnostic feature.	Yes ☐	No ☐
14. Local Program repairs data errors according to the written Wyoming guidelines on changing data.	Yes ☐	No ☐

If you answered 'No' to any of questions 8-14, skip the rest of this section and go to *Section C, Data Analysis and Reporting.*

If you answered 'Yes' to each of questions 8-14, continue with q*uestion 15*.

Superior Quality

15. Local Programs enter data into LACES at least monthly.	Yes ☐	No ☐
16. Local Program staff reviews local data on a monthly basis for errors, missing data, out-of-range values and anomalous data, and to identify program improvements and accomplishments and has a system to resolve them.	Yes ☐	No ☐
17. Local Program has documented procedures for correcting errors and resolving missing data.	Yes ☐	No ☐
18. Local Program staff participates regularly in database training meetings for contact with LACES Technical Assistance and state staff on data issues to identify problems and request technical assistance	Yes ☐	No ☐

Continue with S*ection C-Data Analysis and Reporting.*

Exemplary Quality
No standards exist that are locally applicable

C. DATA ANALYSIS AND REPORTING

Acceptable Quality

19. The local LACES staff can produce NRS required reports for local program management, including federal NRS tables.	Yes ☐	No ☐
20. The local LACES staff is capable of reporting disaggregated data by subpopulation (e.g. student age, race, sex) and by program (e.g. Corrections, EL Civics, Tutoring).	Yes ☐	No ☐

If you answered 'No' to either of questions 19-20, skip the rest of this section and go to *Section D, Staff Development..*

If you answered 'Yes' to both of questions 19-20, continue with *question 21*.

<div align="center">**Superior Quality**</div>

21. Local Program staff reviews statistical reports for errors and accuracy.	Yes	☐	No	☐
22. Local Program can access data reports that are useful for program management and improvement.	Yes	☐	No	☐
23. Local staff uses data for program management and improvement.	Yes	☐	No	☐

If you answered 'No' to any of questions 21-23, skip the rest of this section and go to *Section D, Staff Development*.

If you answered 'Yes' to each of questions 21-23, continue with *question 24*.

<div align="center">**Exemplary Quality**</div>

24. Local Program has documented procedures for dealing with and analyzing problems and deviations.	Yes	☐	No	☐
25. Local Program compares data among sites and with prior years' data for discrepancies, reasonableness and to identify trends in good and bad performance.	Yes	☐	No	☐
26. Local Program has procedures to verify that local reports accurately reflect data collected.	Yes	☐	No	☐

Continue with *Section D*.

D. STAFF DEVELOPMENT

<div align="center">**Acceptable Quality**</div>

27. Local Program has received training on general NRS requirements, including assessment policy, distance learning, virtual classrooms, and procedures, follow-up policies and goal setting procedures.	Yes	☐	No	☐
28. Local staff has received training on data collection procedures.	Yes	☐	No	☐
29. Local staff has been trained on data entry into the local LACES software.	Yes	☐	No	☐
30. Local staff has had training on how to produce and/or interpret reports produced by the LACES.	Yes	☐	No	☐
31. Local Program staff participates in at least one additional training annually on NRS issues, LACES data entry or data analysis issues.	Yes	☐	No	☐
32. Local staff that administer assessments for accountability have been trained on the use of assessment instruments (TABE, BEST, and BEST Plus).	Yes	☐	No	☐

If you answered 'No' to any of questions 27-32, skip the rest of this section and go to *Section E Data Quality Improvement Plan.*

If you answered 'Yes' to each of questions 27-32, continue with *question 33*.

<div align="center">**Superior Quality**</div>

33. There is locally planned, continuous training (at least one training annually) on data collection and NRS issues.	Yes	☐	No	☐

If you answered 'No' to question 33, skip the rest of this section and go to *Section E. Data Quality Improvement Plan*.

If you answered 'Yes' to question 33, continue with *question 33*.

<div align="center">**Exemplary Quality**</div>

34. Local program has timely intervention strategies to identify data problems as they occur and to provide training to sites to correct the problems.	Yes	☐	No	☐

Continue with *Section E*.

E.   DATA QUALITY IMPROVEMENT PLAN

Local Programs *must* submit a quality improvement plan for any content area that does not meet all of the standards within the "**Superior**" level. A separate plan must be completed for each content area. The plans should not exceed one page and include the following information:

1. Content area (e.g., Data Foundation and Structure, Staff Development) and specific standard(s) not met.

2. For each standard not met, describe your planned approach to implementing changes that will allow you to meet the standard.

3. Describe the barriers or problems you anticipate, if any, to implement these plans.

4. Describe any technical assistance you need to implement these planned changes.

5. If you believe you will be unable to meet any standard, please explain why.

Wyoming

TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST

(The Director of the Adult Education program must sign this certification**.)**

CERTIFICATION

I certify that to the best of my knowledge, the information contained in this document is true and correct and accurately reflects my program's policies and procedures for collecting and reporting data to the Wyoming Community College Commission – AE Program as required by the U.S. Department of Education's National Reporting System for the Workforce Innovations and Opportunity Act, Title II Adult Education and Family Literacy.

_____
Signature

_____
Printed Name and Title

_____
Date: _____

<div align="right">**Fiscal Year 2019/20**
(grant year
2019/20)</div>

FY 2019/20 Schedule - A Form
Local **Cash Funds Expended for Adult Education***

Agency:_____   DUNS #: _____   Project #:_____

Address:_____   Name of Director:_____

PURPOSE CODE	ACTIVITY CODE	Salaries	Retirement Fringe Benefits	Purchased Services	Supplies	Capital Outlay	Other	Totals
Instruction								
Support Services								
Administration								
Prof Development								
Facilities								
Transportation								
Other Specify:								
Total								

_____   _____

Signature of AE Director/Executive Director/Financial Officer   Date

*Note: Federal and State AE grant funds allocated by WCCC are **not** to be included in this report. Return (mail or fax), to Diane McQueen, WCCC, 2300 Capitol Ave- 5th Floor, Suite B, Cheyenne, WY 82002. Fax 307-777-6567

Local AE Program
Non-Federal In-Kind Matches
Maintenance of Effort (MOE) Fiscal Reporting Form Addendum

Fiscal Year: _____

Type of In-Kind Match	In-Kind Amount
Facility/Office Space/Classrooms	$
Utilities	$
Custodial Services	$
Copying/Printing Costs	$
Phones and Other Technology Costs	$
Additional Approved In-Kind Services (be specific)	$
Other: Describe)	$
Personnel Costs (Prorated – please identify personnel by name, title, and show calculation used to determine value.) *This should include paraprofessional volunteers, calculated at a comparable hourly rate if this were a paid position(s.) Add lines as needed.*	$
Total	$

_____   _____
Treasurer/Fiscal Officer   Date   AE Director   Date

Treasurer/Fiscal Officer Contact Information: Local AE Director Contact Information:
E-Mail: _____   E-Mail: _____
Telephone: _____   Telephone:_____
Fax: _____   Fax: _____

FINANCIAL STATUS REPORT	1. Employer Identification Number	2. Grant Award Number	3. Final Report? Yes ___ No____
4. Recipient Organization (name & address, with zip) **Dunns #**	5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy)	6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy)	9. Cost per student:
	7. Total **Federa**l Funds Approved:	8. Project Name:	$

STATUS OF FEDERAL FUNDS - Check one   ABE/ESL ___   EL/Civics____

Categories	10. ABE (NRS 1-4)	11. Adult Sec.Ed. (NRS 5-6)	12. ESL - (All EFL's)	13. Institutional & Corrections (subset of #10)	14. IELCE	15. Indirect Costs *(pre-approved)*	16.Special Grant	17. Total Federal Administration Costs	18. Total Grant Funds
(a) Total **Federal funds allotted**									
(b) Total **Federal funds expended**									
(c)Unexpended **Federal Funds**									
(d) Total Program **Income (taken in)**								███	
(e) Total **Program Income** Expended								███	
(f) Unexpended Program Income								███	

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC ABE office.

PROGRAM INCOME: All program income must be reported and expenditures from that income detailed on the following page.

Certification I certify to the best of my knowledge and belief that this report is correct & complete & that all expenditures are unliquidated obligations for the purpose set form in the award documents.	19. Signature of Authorized Certifying Official	Date Report Submitted
For help with this report, please call Diane McQueen, WY State Director for Adult Education at (307)777-7885.	Typed or Printed Name, Title and Email	Phone Number and Extension

Itemization of Program Income and Expenditures

20. Total Program Income:	$
Description of Program Income	
21. Program Income Expended:	$ -
Description of Expenditures	

FINANCIAL STATUS REPORT	1. Employer Identification Number	2. Grant Award Number	3. Final Report? Yes ___ No____
4. Recipient Organization (name & address, with zip) **Dunns #:**	5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__	6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__	9. Cost per student:
	7. Total **State** Funds Approved:	8. Project Name:	State $

STATUS OF STATE FUNDS for ABE

Categories	10. ABE (0-8 GLE)	11. Adult Sec. (9-12 GLE)	12. ESL (all SPL)	13. Institutional & Corrections (subset of #10)	14. Indirect Cost	15. Total State Administration Cost	16. Total State Grant Funds
(a) Total **State funds allotted**							
(b) Total **State funds expended**							
(c) State funds Unexpended							

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC ABE office during the biennium.

Certification I certify to the best of my knowledge and belief that this report is correct & complete and that all expenditures and unliquidated obligations are for the purpose set forth in the award documents.	17. Signature of Authorized Certifying Official	Date Report Submitted
For help with this report, please call: Diane McQueen, Wyoming State Director for Adult Education at: (307) 777-7885.	Typed or Printed Name and Title Email:	Phone Number and Extension

Instructions to FSR's

Direct questions to:
Diane McQueen   (307)777-7885
2300 Capitol Ave., 5th Floor, Suite B   diane.mcqueen@wyo.gov
Cheyenne, WY 82002

There are two financial status reports. The first is for reporting Federal Adult Education grant dollars which includes the regular AE financial status report. All grant dollars received and spent for regular AE activities must be reported on these AE financial status reports.

The second is for reporting on state funds. All state dollars received for the AE program and spent for regular AE activities must be reported on the state financial status report form.

SECTION 1: FEDERAL FORM

Cell #1:   **Employer Identification Number-**Enter your institutions IRS-issued EIN number.

Cell #2:   **Grant Award Number-**Enter the grant award number issued to you by the State Adult Education office for the year being reported. This can be found on your contract and is also called your project ID number.

Cell #3:   **Final Report?-**Place a checkmark (√) next to 'Yes' if this report shows the expenditure of all Federal grant funds for the period July 1 to June 30. (This means that there are no outstanding charges which need to be charged to the Federal grant. A 'yes' answer does not indicate that the program has spent the entire awarded Federal grant.) If not, place a checkmark (√) next to 'No': you will be required to send in another report showing the remaining expenditures of the Federal AE dollars awarded to your institution.

Cell #4:   **Recipient Organization-**Enter the name and address, & Dunns # of the entity receiving and expending AE grant funds.

Cell #5:   **Project/Grant Period-**Enter the dates noted on the award letter.

Cell #6:   **Period Covered by This Report-**Enter the time frame this report covers. If it is the same as #5, enter the same dates again.

Cell #7:   **Total Federal Funds Approved-**Enter the total amount of federal grant dollars awarded for the entire reporting year.

Cell #8:   **Project Name-**Enter the name of the project as specified on you Adult Education grant. Typically it is the Agency + Adult Education Program (i.e. WCCC-AE Program).

Cell #9:   **Cost Per Student-**Enter the average cost per student by taking the total amount of dollars expended in (b) of rows 10, 11, 12, 14, 15, 16,and 17. Divide this total by the total number of students reported on the National Reporting System (NRS) Table 1, Column P total.

Cell #10:

> **ABE (NRS 1-4)-**Enter the dollars spent for AE, ESL & Corrections or other institutional services for adults placed in Educational Functioning Levels (EFL) 1-4..

> Calculations for each of the cells under #10 is a multi-step process and requires that you gather the following documents:
> 1) Anticipated Service Levels (From Grant application for the year): *Example 1.1*

ANTICIPATED SERVICE LEVELS AND ACTIVITIES FOR

Demographics:

Component	Anticipated Level of Service
Estimated **total** number of students you expect to serve in 2018-19	200
Estimated total number of adults who will be served in **ESL** classes.	25
Estimated number of adults who will be served in **ABE** classes (GLE 0-8.9)	100
Estimated number of adults who will be served in **ASE** classes (GLE 9-12.9)	75
Estimate the number of students to be served in Integrated English Language and Civics Education (**IELCE**)	0
Anticipated hours of instruction offered per month for each site providing AE instruction:	
ABE Beginning Literacy	50
ABE Beginning Basic	100
ABE Intermediate Low	100
ABE Intermediate High	200
ASE Low	75
ASE High	75
ESL Beginning Literacy	20
ESL Beginning Low	20
ESL Beginning High	20
ESL Intermediate Low	20
ESL Intermediate High	20
ESL Advanced	20
Anticipated hours of instruction offered per month for Corrections Programs per site	
DOC	0
Jails	0

2. The amount of Federal and State dollars awarded to you program. This can be found on your contract.

> *Example 2.0*: Federal Grant Award= $ 74,197.87
> State Grant Award= $141,232.68
> **$215,430.55 Total**

Example 2.1: Special Grant Award (Federal Dollars)= $8,221.02

Because the State combines Federal and State grants for each provider, only one set of drawdowns are done each month and only one budget is done. However, when calculating the amounts for the FSR, everything must be broken down. Therefore, percentages must be calculated. This process is explained below.

3. Budget forms submitted to the Commission. There are several places you can obtain the budgeted amount for instruction:
   - ➢ Under the drawdown system you can look at what was budgeted
   - ➢ From the paper copy of the budget submitted to the Commission

Example 3.0-Total Budget from Drawdown System

Budget Category	Line Item Description	ABE	ESL	Total Month	Total Spent	Total Budget	Balance Remaining
Administration	Admin Salaries	1,363.54	0.00	1,363.54	16,362.53	16,363.01	0.48
Administration	Admin Benefits	345.95	0.00	345.95	4,151.40	4,151.30	-0.10
Administration	Support Salaries	0.00	0.00	0.00	0.00	0.00	0.00
Administration	Support Benefits	0.00	0.00	0.00	0.00	0.00	0.00
Administration	Admin Materials & Supplies	175.07	0.00	175.07	485.11	500.00	14.89
Administration	Space/Rent	0.00	0.00	0.00	0.00	0.00	0.00
Administration	Purchased Services	36.30	0.00	36.30	459.27	444.00	-15.27
Administration	Indirect Cost (Preapproved by WCCC)	0.00	0.00	0.00	0.00	0.00	0.00
	SubTotal	1,920.86	0.00	1,920.86	21,458.31	21,458.31	0.00
Professional Devel.	Dues and Registrations	0.00	0.00	0.00	1,328.00	830.00	-498.00
Professional Devel.	Staff Travel (lodging, meals, travel)	0.00	0.00	0.00	6,360.48	5,982.00	-378.48
Professional Devel.	In-service (local training expenses)	3,324.32	0.00	3,324.32	3,324.32	4,320.00	995.68
Professional Devel.	Taskforce/Special Project Mtgs	0.00	0.00	0.00	991.20	872.00	-119.20
Professional Devel.	Contracted Services (training)	0.00	0.00	0.00	0.00	0.00	0.00
	SubTotal	3,324.32	0.00	3,324.32	12,004.00	12,004.00	0.00
Instructional	Instructional Salaries	18,711.60	0.00	18,711.60	125,677.38	139,127.73	13,450.35
Instructional	Instructional Benefits	3,921.34	0.00	3,921.34	24,352.64	27,390.27	3,037.63
Instructional	Classroom Space	0.00	0.00	0.00	0.00	0.00	0.00
Instructional	Instructional Materials & Supplies	3,906.19	0.00	3,906.19	5,027.54	12,950.24	7,922.70
Instructional	Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Instructional	Contracted Services (transportation, child care, etc)	0.00	0.00	0.00	0.00	0.00	0.00
Instructional	Travel to Outreach	0.00	0.00	0.00	914.51	2,500.00	1,585.49
	SubTotal	26,539.13	0.00	26,539.13	155,972.07	181,968.24	25,996.17
	GRAND TOTAL	31,784.31	0.00	31,784.31	189,434.38	215,430.55	25,996.17

Example 3.1- Special Projects Budget

Budget Category	Line Item Description	ABE	Total Month	Total Spent	Total Budget	Balance Remaining
Administration	Admin Salaries	0.00	0.00	0.00	0.00	0.00
Administration	Admin Benefits	0.00	0.00	0.00	0.00	0.00
Administration	Support Salaries	0.00	0.00	0.00	0.00	0.00
Administration	Support Benefits	0.00	0.00	0.00	0.00	0.00
Administration	Admin Materials & Supplies	0.00	0.00	0.00	0.00	0.00
Administration	Space/Rent	0.00	0.00	0.00	0.00	0.00
Administration	Purchased Services	0.00	0.00	0.00	0.00	0.00
Administration	Indirect Cost (Preapproved by WCCC)	0.00	0.00	0.00	0.00	0.00
	SubTotal	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Professional Devel.	Dues and Registrations	0.00	0.00	0.00	0.00	0.00
Professional Devel.	Staff Travel (lodging, meals, travel)	0.00	0.00	0.00	0.00	0.00
Professional Devel.	In-service (local training expenses)	0.00	0.00	0.00	0.00	0.00
Professional Devel.	Taskforce/Special Project Mtgs	0.00	0.00	0.00	0.00	0.00
Professional Devel.	Contracted Services (training)	0.00	0.00	0.00	0.00	0.00
	SubTotal	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Instructional	Instructional Salaries	0.00	0.00	985.00	1,773.00	788.00
Instructional	Instructional Benefits	0.00	0.00	244.00	448.02	204.02
Instructional	Classroom Space	0.00	0.00	0.00	0.00	0.00
Instructional	Instructional Materials & Supplies	1,001.00	1,001.00	1,001.00	0.00	-1,001.00
Instructional	Equipment	0.00	0.00	5,990.96	6,000.00	9.04
Instructional	Contracted Services (transportation, child care, etc)	0.00	0.00	0.00	0.00	0.00
	SubTotal	**1,001.00**	**1,001.00**	**8,220.96**	**8,221.02**	**0.06**
	GRAND TOTAL	**1,001.00**	**1,001.00**	**8,220.96**	**8,221.02**	**0.06**

4.   The Waiver Request to Increase Administrative Costs: You need to know the percentage amount approved

     Example: 4.0- Assume the rate approved was 16%

5.   NRS Table 3 for the current year:

     Example 5.0- NRS Table 3

NRS Table 3: Participants by Program Type and Age

Select Reporting System: NRS FY 18-19   Agency:

Enter the number of participants* by program type and age, non-duplicated.

Program Type (A)	16-18 (B)	19-24 (C)	25-44 (D)	45-54 (E)	55-59 (F)	60+ (G)	Total (H)
Adult Basic Education**	49	33	22	4	3	2	113
Integrated Education and Training Program	0	0	0	0	0	0	0
Adult Secondary Education***	5	2	3	0	0	0	10
Integrated Education and Training Program	0	0	0	0	0	0	0
English Language Acquisition****	0	0	2	1	0	0	3
Integrated Education and Training Program	0	0	0	0	0	0	0
Integrated English Literacy and Civics Education (Sec. 243)*****	0	0	0	0	0	0	0
Integrated Education and Training Program	0	0	0	0	0	0	0
Total	54	35	27	5	3	2	126

Calculations for Cell #10 (a): Total Federal funds allotted

This cell requires that you define the amount of projected Federal funds you planned for at the beginning of the year for students at ABE Levels (NRS levels 1-4). To calculate the amount you need to utilize information in both the Anticipated Service Level form as well as in the budget.

Step #1 From the Anticipated Service Level form, calculate the total ABE level students planned for. In the example given total ABE students=**100.** Now you need to calculate what percentage that represents in overall students (100/200=50%)

Step #2: Now you have to calculate the percentage **budgeted** for:

Administration & Professional Development: **16%**
This is calculated by adding Administration $21, 458.31
And Professional Development $12,004.00
                                                   $33,462.31/$215,430.55

Instruction: **84%**
This is calculated by dividing instructional total/grant total amounts
$181,968.24/$215,430.55

Step #3: Determine the total amount of federal dollars budgeted for each of the following:

Administration & Professional Development: $74,197.87 x 16%=$11,871.66
Instruction $74,197.87 x 84%=$62,326.21
                                                           $74,197.87

Step #4: To calculate the amount to be entered into **Cell #10 (a):**

Multiple total federal instructional dollars budgeted for $62,326.21
By the percentage of ABE students planned for   x 50%
                                                                   $31,163.11

Cell #10 (b): *Total Federal funds expended*
This cell requires that you determine the percentage of budgeted Federal funds were actually spent on students in the ABE levels. To do this, you need to look at your budget expenditures for the year and the information provided in NRS Table 3.

Step #1: Calculate the percentage of ABE level students served in the year.
e.g.   ABE students   113 = 90%
        Total students   126

Step #2: Now you have to calculate the percentage of Federal funds spent on instruction.

In the examples given, 86% of all funds was spent on instruction: $155,972.07/$181,968.24.

$62,326.21 (amount budgeted for NRS 1-4 students) x 86%=***$53,600.54*** This is the amount of Federal funds SPENT on instruction.

Now you have to determine how much of these instructional dollars was spent on ABE students. To do this multiple total Federal instructional dollars spent by the percentage of ABE students served.

      e.g. $53,600.54 x 90%=$48,240.49 Enter this amount in **Cell #10(b)**

Cell #10 (c): *Unexpended Federal Funds*

Subtract Cell #10 (b) from Cell #10 (a) $38,018.99
                                    -$48,240.49
                              ($17,077.38) Enter this amount in **Cell #10(c)**

Cell #10 (d): *Total Program Income*
Calculate the total program income taken in for students at NRS levels 1-4. Enter this amount in the cell.

Note: All program income taken in during a given year MUST be spent in its entirety before the end of the fiscal year. There can be no carryover of ABE program income from a grant funded provider.

Cell #10 (e): Enter the amount of program income spent on students at NRS levels 1-4.

Cell #10(f): Subtract Cell #10 (e) from #10 (d) and enter in Cell #10 (f)

Cell #11(a): **Adult Secondary Education (NRS 5-6)-**Enter the dollars budgeted for ASE services for adults placed into NRS levels 5 & 6.

    Step #1:   Calculate the percentage of ASE students you planned for. Using the data given in the above examples, that would be **37.5%** (75/200)

    Step #2:   Calculate the percentage of budgeted funds planned for ASE: $23,372.32

           e.g. $62,326.21 x 37.5%=$23,372.32 Enter this amount in **Cell #11(a)**

Cell #11(b)   Calculate the amount of Federal grant funds actually spent on ASE students.

    Step #1:   ASE student enrollments (from Table 3)   10   =**8%**
                    Total students   126

    Step #2: $53,600.54 x 8%=$4,288.04 Enter this amount into **Cell #11(b)**

Cell #11(c)   Subtract Cell #11(b) from Cell #11(a)
$23,372.32
-$ 4,288.05
$19,084.28   Enter this amount into **Cell #11(c)**

Cell #11 (d) – (f):   Follow the same steps outlined above for program income, except use ASE student numbers.

Cell #12(a)-ESL   Calculate the amount of ESL Federal Grant funds budgeted for.

   Step #1:   Calculate the percentage of ESL students you planned for. Using the data given in the above examples, this would be **12.5%** (25/200)

   Step #2:   Calculate the percentage of budgeted funds planned for ESL: $7,790.78

   e.g. $62,326.21 x 12.5%=$7,790.78 Enter this amount into **Cell #12(a)**

Cell #12(b)   Calculate the amount of Federal grant funds spent on ESL students.

   Step #1:   ESL student enrollments (from Table 3)   3_   = **2%**
   Total students   126

   Step #2: $53,600.54 x 2%=$1,072.01 Enter this amount into **Cell #12(b)**

Cell #12(c)   Subtract Cell #12(b) from Cell #12(a)
$7,790.78
-$1,072.01
$6,718.77 Enter this amount into Cell #12(c)

Cell #12 (d) – (f):   Follow the same steps outlined above for program income, except use ESL student numbers.

Cell #13 (a-f) Institutional & Corrections:
   Enter the dollars spent for ABE, ASE and/or ESL services in correctional facilities for adults placed in any educational functioning level. These numbers are a subset of Cells 10(a), 11(a), and 12(a). Column 13 provides the required documentation to verify that not more than 10% of the total grant award was being spent on institutionalized individuals.

Cell #14: IELCE

Cell #14(a)   Calculate the total amount of Federal funds budgeted for IELCE students.

Cell #14(b)   Calculate the total amount of Federal grant funds spent on IELCE students.

Cell #14(c)   Subtract Cell #14(b) from Cell #14(a)

Cell #15: Indirect Costs

Enter dollars budgeted/spent on indirect expenses for the administration of The grant. Indirect expenses must be negotiated with WCCC AE State Director at the beginning of each grant cycle. Amounts cannot equal more than 8% of the entire AE Administration grant amount for any given year.

Cell #16: Special Grant

Cell #16(a)

If the State offered local programs an opportunity to participate in a Special Grant project and IF the awarded funds were Federal dollars, the Cells for column #16 must be completed.

Calculate the total budgeted amount for Special Grant. In the examples provided, this was $8.221.02. Enter this amount in Cell #16(a)

Cell #16(b)

Enter the total amount of funds spent for the Special Grant project=$8,220.96.

Cell #16(c)

Subtract Cell #16(b) from Cell #16(c)=$.06

Cell #17: Total Federal Administration Costs

Cell #17(a):

Enter the total amount of Federal funds budgeted for Administration and Professional Development for the year. (See Cell #10(a) instructions)

In the examples given, this amount was $11,871.66.

Cell #17(b)

Enter the amount spent for these categories. If you look at the budget drawdown example given, you will see that these two categories had a zero balance as of the end of the year. This indicates that all Federal grant funds budgeted for administration and professional development were used in the year.

Cell #17(c)

Subtract Cell #17(b) from Cell #17(c)=$.00

Cell #18: Total Grant Funds

Cell #18(a)

Total = 10(a) + 11(a) + 12(a) +14(a) + 15(a) +16 (a) + 17(a)

Cell #18(b)

Total = 10(b) + 11(b) + 12(b) +14(b) + 15(b) +16 (b) + 17(b)

Cell #18(c)

Total = 10(c) + 11(c) + 12(c) +14(c) + 15(c) +16 (c) + 17(c)

Cell #19

Certification Signature of the person completing the form is required.
Date report submitted.
Type the name and title of the person completing the report.
Enter an email address.
Enter a contact phone number

The Second page (or bottom of form) is the Itemization for all Program Income/Expenditures. If you did not have program income, then this section should be left blank.

SECTION II: STATE FORM

Cell #1   **Employer Identification Number**-Enter your institution's IRS-issued EIN number

Cell #2   **Grant Award Number-**Enter the grant award number issued to you by the State AE office for the year being reported.

Cell #3   **Final Report?**-Place a checkmark (√) next to 'Yes' if this report shows the expenditure of all State grant funds for the period July 1 to June 30. (This means that there are no outstanding charges which need to be charged to the State grant. A 'yes' answer does not indicate that the program has spent the entire awarded federal grant.) If not, place a checkmark (√) next to 'No': you will be required to send in another report showing the remaining expenditures of the State AE dollars awarded to your institution.

Cell #4   **Recipient Organization**-Enter the name, address, & Dunns # of the entity receiving and expending AE State grant funds.

Cell #5   **Project/Grant Period-**Enter the dates noted on the award letter of the most recent AE State grant 'extension of program operating dates' amendment request.

Cell #6   **Period Covered by This Report-**Enter the time frame this report covers. If the same time frame as #5, enter the same dates again.

Cell #7   **Total State Funds Approved**-Enter the total amount of State grant dollars awarded for the report year.

Cell #8   **Project Name-**Enter the name of the project as specified on your AE grant. Typically it is the Agency + AE program (i.e. WCCC-AE program)

Cell #9   **Cost Per Student-**Enter the average cost per student by taking the total amount of dollars expended in (b) of rows 10, 11, 12, 14, and 15.Divide this total by the total number of students reported on the National Reporting System (NRS) Table 1, Column P total.

Cell #10   **ABE NRS 1-4**
Cell #10(a):*Total State Funds Allotted*

This cell requires that you define the amount of projected State funds you planned for at the beginning of the year for students at NRS levels 1-4. To calculate the amount you need to utilize information in both the Anticipated Service Level form as well as in the budget.

Step #1   From the Anticipated Service Level form, calculate the total ABE level students planned for. In the example given total ABE students=100. Now you need to calculate what percentage that represents in overall students (100/200=**50%)**

Step #2   Calculate the amounts budgeted for:

Administration & Professional Development
Total budget= $33,462.31
Less   <u>$11,871.66</u> (amount budgeted for Federal Grant)
            $21,590.65 **(Enter this amount in Cell 15(a)**

Instruction
Total Budget= $181,968.24
Less   <u>$ 62,326.21</u> (amount budgeted for Federal Grant)
            $119,642.03 Total State instructional dollars budgeted

Step #3:   To calculate the amount to be entered into **Cell #10 (a):**

Multiple total State instructional dollars budgeted for $119,642.03
By the percentage of ABE students planned for   <u>x 50%</u>
                          $59,821.02

Cell #10 (b): *Total State funds expended*

This cell requires that you determine the percentage of budgeted State funds were actually spent on students in the ABE levels. To do this, you need to look at your budget expenditures for the year and the information provided in NRS Table 3.

Step #1:   Calculate the percentage of ABE level students served in the year.
           e.g.   ABE students   <u>113</u> = 90%
                    Total students   126

Step #2:   Now you have to calculate the percentage of State funds spent on instruction.

           Total Instructional Grant Funds Expended: $155,972.07
           Less Federal Instructional Dollars   <u>$ 53,600.54</u>
           Total State dollars spent on Instruction $102,371.53

Now you have to determine how much of these instructional dollars was spent on ABE students. To do this multiple total State instructional dollars spent by the percentage of ABE students served.
      e.g. $102,371.53 x 90%=$92,134.38 Enter this amount in **Cell #10(b)**

Cell #10 (c): *Unexpended Federal Funds*

Subtract Cell #10 (b) from Cell #10 (a) $59,821.02
                                <u>-$92,134.38</u>
                              ($32,313.36) Enter this amount in **Cell #10(c)**

Cell #11:   **ASE NRS 5-6**

Cell #11(a):   **Adult Secondary Education (NRS 5-6)-**Enter the State dollars budgeted for ASE services for adults placed into NRS levels 5 & 6.

     Step #1:   Calculate the percentage of ASE students you planned for. Using the data given in the above examples, that would be **37.5%** (75/200)

     Step #2:   Calculate the percentage of budgeted State funds planned for ASE: $44,488.29

                     Total Instructional Dollars budgeted: $119,642.03
                                  X   37.5%
                      $44,865.76 Enter into Cell 11(a)

Cell #11(b) Total State Funds Expended

Cell #11(b)   Calculate the amount of State grant funds actually spent on ASE students.

     Step #1:   ASE student enrollments (from Table 3)   10   =**8%**
                       Total students   126

     Step #2: $102,371.53x 8%=**$8,189.72** Enter this amount into **Cell #11(b)**

Cell #11(c)   Subtract Cell #11(b) from Cell #11(a)
                       $44,865.76
                    -$ 8,189.72
                       $36,676.04   Enter this amount into **Cell #11(c)**

Cell #12   **ESL (All SPL's)**

Cell #12(a)   Calculate the amount of ESL State Grant funds budgeted for.

     Step #1:   Calculate the percentage of ESL students you planned for. Using the data given in the above examples, this would be **12.5%** (25/200)

     Step #2:   Calculate the percentage of budgeted funds planned for ESL: $14,955.25

                     e.g. $119,642.03 x 12.5%=**$14,955.25** Enter this amount into **Cell #12(a)**

Cell #12(b)   Calculate the amount of State grant funds spent on ESL students.

     Step #1:   ESL student enrollments (from Table 3)   3   = **2%**
                       Total students   126

     Step #2: $102,371.53x 2%=**$2,047.43** Enter this amount into **Cell #12(b)**

Cell #12(c)   Subtract Cell #12(b) from Cell #12(a)
                       $14,955.25
                    -$ 2,047.43
                       $**12,907.82** Enter this amount into **Cell #12(c)**

Cell #13   **Institutional & Corrections**
Enter the dollars spent for ABE, ASE, and/or ESL services in correctional facilities for adults placed in all educational functioning levels. This is a subset of numbers in 10(a), 11(a), and 12(a).Column 13 provides information for documenting the requirement of not more than 10% of the total grant award being spent on institutional dollars.

Cell #14   **Indirect Expenses**- Enter dollars budgeted/spent on indirect expenses for the administration of the grant. Indirect expenses must be negotiated with WCCC AE State Director at the beginning of each grant cycle. Amounts cannot equal more than 8% of the entire AE Administration grant amount for any given year.

Cell #15:   **Total State Administration Cost**

In the example given above, the total amount budgeted for
Administration and Professional Development = $33,462.31
Less Federal Administrative costs   - $11,871.66
Total State Admin Costs $21,590.65

Cell #16   **Total State Grant Funds**
Cell #16(a)   Add the amounts in row a -excluding 13(a).
Cell #16(b)   Add the amounts in row b-excluding 13(b).
Cell #16(c)   Add the amounts in row c –excluding 13(c)

Cell #17   **Certification Signature** of the person completing the form is required.
Date report submitted.
Type the name and title of the person completing the report.
Enter an email address.
Enter a contact phone number

FINANCIAL STATUS REPORT
EXAMPLE TO INSTRUCTIONS

4. Recipient Organization (name & address, with zip)	1. Employer Identification Number		2. Grant Award Number	3. Final Report? Yes ___ No ___
	5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy)		6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy)	9. Cost per student:
	7. Total **Federal** Funds Approved:		8. Project Name:	$

STATUS OF FEDERAL FUNDS - Check one   ABE/ESL ___   EL/Civics ___

Categories	10. ABE (NRS 1-4) (GLE 0-8.9)	11. Adult Sec. Ed. (NRS 5-6) (GLE 9-12.9)	12. ESL - English as a second lang. (All EFL)	13. Institutional & Corrections (subset of #10)	14. IELCE	15. Indirect Cost *pre-approved*	16.Special Grant	17. Total Federal Administration Cost	18. Total Federal Grant Funds
(a) Total **Federal funds** allotted	$31,163.11	$23,372.32	$7,790.78	$ -	$ -	$ -	$8,221.02	$11,871.66	$82,418.90
expended	$48,240.49	$4,288.05	$1,072.01	$ -	$ -	$ -	$ 8,220.96	$ 11,871.66	$73,693.17
(c)Unexpended **Federal Funds**	($17,077.38)	$ 19,084.28	$ 6,718.77	$ -	$ -	$ -	$ 0.06	$ -	$ 8,725.73
(d) Total **Program Income** (taken in)	$ -								
(e) Total **Program Income** Expended	$ -								
(f) Unexpended Program Income	$ -								

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC ABE office.

PROGRAM INCOME: All program income must be reported and expenditures from that income detailed on the back of this form.

Certification	19. Signature of Authorized Certifying Official		Date Report Submitted
I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures are unliquidated obligations are for the purpose set forth in the award documents			
For help with this report, please call Diane McQueen, Wyoming State Director for Adult Education (307) 777-7885.	Typed or Printed Name and Title	Email Address.	Phone Number and Extension

Itemization of Program Income and Expenditures

20. Total Program Income:	$	-

Description of Program Income

21. Program Income Expended:	$	-

Description of Expenditures

EXAMPLE TO INSTRUCTIONS   Updated 11/06/2019

FINANCIAL STATUS REPORT			1. Employer Identification Number		2. Grant Award Number		3. Final Report? Yes ___ No___
4. Recipient Organization (name & address, with zip)			5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__		6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__		9. Cost per student: State $
			7. Total **State** Funds Approved:		8. Project Name:		

STATUS OF STATE FUNDS for ABE

Categories	10. ABE (0-8 GLE) (NRS 1-4)	11. ASE (9-12 GLE) (NRS 5-6)	12. ESL (all SPL's)	13. Institutional & Corrections (subset of #10)	14. Indirect Costs	15. Total State Administration Cost	16. Total State Grant Funds
(a) Total **State funds allotted**	$ 59,821.02	$ 44,865.76	$ 14,955.25	$ -	$ -	$ 21,590.65	$ 141,232.68
(b) Total **State funds expended**	$ 92,134.38	$ 8,189.72	$ 2,047.43			$ 21,590.65	$ 123,962.18
(c) State **funds Unexpended**	($32,313.36)	$ 36,676.04	$ 12,907.82			0	$ 17,270.50

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC AE office during the biennium.

Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures and unliquidated obligations are for the purpose set forth in the award documents. For help with this report, please call Diane McQueen, Wyoming State Director for Adult Education Manager at (307) 777-7885.	17. Signature of Authorized Certifying Official Typed or Printed Name and Title Email:	Date Report Submitted Phone Number and Extension

WYOMING ADULT BASIC EDUCATION
INSTRUCTOR INFORMATION

Name: _____

Program: _____City:_____

E-Mail Address: _____

Telephone Number: _____

Education Level Attained:
Some College Courses: _____   **Associates Degree:** _____

Bachelor: _____   **Major(s):** _____   **Minor(s):_____**

Masters: _____   **Major(s):** _____

Doctorate: _____   **Major(s):** _____
What is your teaching area? (Check all that apply)
ABE Full Time _____   **ABE Part Time** _____
ESL Full Time _____   **ESL Part Time** _____
AEL/ESL Full Time _____   **ABE/ESL Part Time** _____
IELCE_____   **Corrections** _____

Function	Adult Education Personnel	
	Part-time Personnel check	**Full-time Personnel** check
Local Teachers		
Teachers' Years of Experience		
Less than one year		
One to three years		
More than three years		
Teacher Certification		
Not certified		
Adult Education Certificate		
K-12 Certification		
Special Education Certification		
TESOL Certification		

Instructor Signature   **Date**

CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT
PARTICIPANT'S SIGNATURE PAGE

1.   **Contact Information:** **(Participant must complete top portion & sign at the bottom.)**

Name (Printed): _____

Work Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

E-Mail Address: _____

2.   By Participant's signature, Participant agrees to be bound by this Agreement that they hold in strict confidence and will not disclose any employment information contained within the LACES database. The Adult Education Program will consider any improper disclosure of any information considered confidential under federal or state law to be serious misconduct. All Participants are to be made aware that all information collected under the auspices of Adult Education can be used only for purposes outlined in the WIOA. Furthermore, individuals may be subject to civil penalties under the Privacy Protection Act of 1974 as amended by the Computer Matching and Privacy Protection Act of 1988 (5 USC Sec 552a), as well as subject to criminal penalties under the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title V of PL 107-347), depending on the nature and extent of the disclosure.

Certification. The Participant agrees to be subject to the conditions of Confidentiality and Non-Disclosure Agreement.

3.   This signature page is hereby incorporated into the Annual Grant Agreement and associated responsibilities until terminated.

AE CENTER DIRECTOR:

_____   _____
Signature   Date

LACES User:

_____   _____
LACES User Signature   Date