



**FY 2022 ADULT EDUCATION PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE GRANT-  
COVER PAGE AND WORK PLAN**

*SCOPE*

This grant is designed to support the improvement and innovation of professional develop and technical assistance for the Adult Education and Literacy Priority areas. The selected focus areas align with state and national initiatives. Grant recipients will be able to choose from the three funding priorities. Before completing the Grant Proposal below, applicants must read the grant Notice of Funding Opportunity (NOFO), which can be accessed on the Illinois Community College Board (ICCB) website at <http://www2.iccb.org/iccb/grant-opportunities/>. The NOFO contains information about the grant period, applicant eligibility, allowable and unallowable expenditures, grant deliverables, reporting schedule, and selection criteria.

*INSTRUCTIONS*

**Submissions will be judged and graded based on the criteria as outlined in the NOFO. Each section should be concise and include sufficient detail. Applications that fail to complete all required components will not be accepted.**

Applicants should complete the Work Plan portion of the Grant Narrative based on the NOFO for which you are writing. If you are writing for more than one NOFO, please complete a separate Work Plan for each. Additionally, if you are writing to a specific Focus Area within one NOFO, please make that clear.

Applicants are required to write an Activity for each of the Deliverables. As each NOFO has a different number of Deliverables and/or Objectives, please add rows as necessary. Some Deliverables and/or Objectives will require the applicants to write more than one Activity- be cognizant of the requirements of each Deliverable. *Note: The Work Plan encompasses Activities for year one only. If it so chooses, an applicant may note that an Activity will carry over into the next year, as well. In this case, please provide a comprehensive timeline for that Activity.*

<i>GRANT COVER PAGE</i>		
<b>Organization Name</b>		
<b>Grant Period</b>		
AMOUNT REQUESTED		
<b>PROJECT MANAGER</b> Name		<b>Title:</b>
Telephone		<b>Email:</b>
<b>FISCAL CONTACT</b> Name		<b>Title:</b>
Telephone		<b>Email:</b>

<p><b>PROJECT FOCUS</b> State the NOFO/project area(s) for which you are applying.</p>				
<p><b>DEMONSTRATED EFFECTIVENESS AND PRIOR EXPERIENCE</b></p> <p>Has the applicant demonstrated effectiveness and have prior experience with the deliverables and objectives within the chosen project focus? Utilize the respective NOFO to explain how the applicant meets these criteria.</p>				
<p><b>ASSURANCE OF INSTITUTIONAL CAPACITY AND DEDICATION TO SUCCESSFUL PROJECT COMPLETION</b></p>	<p><input type="checkbox"/> I confirm that my organization has the institutional capacity (personnel, supplemental resources, time, etc.) to see this project through to completion. Should extenuating circumstances prevent me from doing so, I will activate the contingency plan outlined below.</p> <p><input type="checkbox"/> Check this box if your institution has failed to expend a significant amount of AEFLA Leadership funds for a previous grant project. List the grant and amount of unspent funds below.</p> <table border="1" data-bbox="496 961 1500 997"> <tr> <td data-bbox="496 961 1057 997"><b>Grant Name:</b></td> <td data-bbox="1057 961 1500 997"><b>Amount Unspent:</b></td> </tr> </table> <p><b><u>Contingency plan for expending unspent funds:</u></b></p>		<b>Grant Name:</b>	<b>Amount Unspent:</b>
<b>Grant Name:</b>	<b>Amount Unspent:</b>			
<p><b>ASSURANCE OF NON-SUPPLANTING</b></p> <p>Please confirm that funding provided by this grant will not be used to supplant current activities.</p>	<p><input type="checkbox"/> I confirm that funding provided by this grant will not be used to supplant current activities, projects, or initiatives at the organization.</p>			

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures and disbursements made with these funds are for the purposes and objectives set forth in the terms and conditions of the applicable Federal or State award or program participation agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 C.F.R. 200.41)

Signature

Date

*GRANT WORK PLAN*

**PROJECT FOCUS:**

Based on your chosen project funding priorities, utilize the deliverables and their respective objectives from pages 6 – 7 of the NOFO to create a detailed Work Plan. Each of the objectives must be addressed in the form of an Activity.

**Note: some NOFOs do not include Objectives. In that case, the applicant will write their activities directly to a specific Deliverable.**

<b>Deliverable</b> <i>(Copy and paste directly from the NOFO)</i>	<b>Objective</b> <i>(Copy/paste directly from the NOFO if applicable. Some NOFOs do not lay out specific Objectives)</i>	<b>Activity and Associated Costs</b>	<b>Staff Responsible for Completion of Activity</b>