|  |  |
| --- | --- |
| **Name of Applicant Organization** |  |
| **Title of Project** | **FY 2021 Consolidated Adult Education****and Family Literacy Services Grant****Competitive Application** |
| **Project Administrator** |  |
| **Address** |  |
|  |
| **Telephone Number** |  |
| **E-Mail Address** |  |
| **Total Amount Requested** | **$**  |
|  Matching Funds (Cash) | $  |
|  Matching Funds (In-Kind) | $  |
| **Total Match** | **$**  |
| **Total Program Income (Revenue)** | **$**  |
| **Total Amount Requested** **(Do NOT include Match)****(A)** | **Number of Learners to be Served****(B)** | **Cost Per Learner****(A/B)** |
| **$**  |  | **$**  |
| **DUNS Number:**  | **Amount Requested****by Funding Line** |
| **STATE FUNDING** |
| 1. Adult General Education (AGE)
 | $  |
| 1. Literacy Works (LW)
 | $  |
| 1. National External Diploma Program® (NEDP)
 | $  |
| **State Total** | **$**  |
| **FEDERAL FUNDING** |
| 1. Adult Basic Education & English as a Second Language

 (ABE & ESL) | $  |
| 1. Adult Secondary Education (ASE)
 | $  |
| 1. Local Institutionalized (LI)
 | $  |
| 1. National External Diploma Program® (NEDP)
 | $  |
| 1. Family Literacy (FL)
 | $  |
| 1. Integrated English Literacy & Civics Education (IELCE/IET)
 | $  |
| **Federal Total** | **$**  |
| **GRAND TOTAL OF AMOUNT REQUESTED** | **$**  |
| **Signature:**(Head of Grantee Agency) |
| **Title:**  | **Date:** |

**Maryland Department of Labor**

**Division of Workforce Development and Adult Learning**

**Office of Adult Instructional Services**

Consolidated Adult Education and Family Literacy Services Grant

Competitive - Fiscal Year 2021-2023

**APPLICATION REVIEW CHECKLIST**

* The title page must include the following:

**FY 21 Competitive Grant Application**

**Full Program Name:** e.g., ABC Adult Literacy Center

* Include the application checklist in the application submission
* The application is divided into three sections with two additional optional sections:

**Section 1: Considerations and Required Documentation**

**Section 2: Budget**

**Section 3: Assurances and Certifications**

**Section 4: IELCE-IET Application (Optional)**

**Section 5: NEDP Application (Optional)**

* Sections are divided with a cover sheet for each section, labeled as follows:

**Section Title:**  e.g., Section 1: Considerations and Required Documentation

**Full Program Name:** e.g., ABC Adult Literacy Center

* Submission Specifics:
	+ Place content in the order indicated in the *Application Checklist* (below)
	+ Include only the items requested
	+ Do not change the font style or font size (It is preset to Calibri 12 pt. font)
	+ Responses must be singled-spaced
	+ Text boxes are preset unless otherwise noted

**Application Checklist**

|  |  |  |
| --- | --- | --- |
| **SECTION PLACEMENT ORDER** | **ITEM** | **Check each line below upon completion ✔** |
| **Section 1: Considerations and Documentation** | Title Page |  |
| Cover Page |  |
| Application Checklist |  |
| Determination of Eligibility |  |
| Considerations 1-13 |  |
| Documentation: Resumes of Key Personnel |  |
| Documentation: Class Schedule (Excel) |  |
| Family Literacy MOU (if applicable) |  |
| **Section 2: Budget** | Budget Workbook (Excel) |  |
| **Section 3: Assurances and Certifications** | Assurances and Certifications |  |
| **Section 4: IELCE-IET (If Applicable)** | IELCE-IET Application  |  |
| IELCE & IET Class Schedule |  |
| IELCE-IET Budget |  |
| **Section 5: NEDP(If Applicable)** | NEDP Application |  |
| NEDP Schedule |  |
| NEDP Budget |  |

**Determination of Eligibility**

Eligible Provider (Check one)

☐ Local education agency

☐ Community-based literacy organization or faith-based organization

☐ Volunteer literacy organization

☐ Institution of higher education

☐ Public or private nonprofit agency

☐ Library

☐ Public housing authority

☐ Nonprofit institution that is not described previously and has the ability to provide

 literacy services to eligible individuals

☐ Consortium or coalition of agencies, organizations, institutions, libraries, or authorities

 described previously

☐ Partnership between an employer and an entity described above

☐ Other

**Demonstrated Effectiveness**

**To be completed by applicants previously funded for Title II Services by MD Labor only**

**(Page 5 only. Do NOT complete charts on page 6.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Entering Educational Functioning Level**  **(A)** | **FY 17** | **FY 18** | **FY 19** |
| **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*****(E)** | **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*\*****(E)** | **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*\*****(E)** |
| ABE 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| **ABE Total** |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| **ESL Total** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |

\*The number of participants who completed a level is measured by the progression from a participant's pre-test to post-test.

\*\*Column E = (Column C + Column D) / Column B

The number of participants that have completed a level or have achieved their high school diploma or its equivalency both in the same year will only count as one Measurable Skill Gain.

|  |  |  |
| --- | --- | --- |
| **FY 17** | **FY 18** | **FY 19** |
| **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** | **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** | **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**To be completed by applicants NOT previously funded for Title II Services by MD Labor only (Page 6 only. Do NOT complete the charts on page 5)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Content Domain** | **FY 17** | **FY 18** | **FY 19** |
| **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*****(E)** | **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*\*****(E)** | **Number of Participants****(B)** | **Number Who Achieved at Least One Educational Functioning Level Gain\*\*****(C)** | **Number Who Attained a Secondary School Diploma or Its Recognized Equivalent****(D)** | **Percentage Achieving Measurable Skill Gains \*\*\*****(E)** |
| READING |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| WRITING |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| MATHEMATICS |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELA |  |  |  |  |  |  |  |  |  |  |  |  |

\*The number of participants who completed a level is measured by the progression from a participant's pre-test to post-test.

\*\*Column E = (Column C + Column D) / Column B

The number of participants that have completed a level or have achieved their high school diploma or its equivalency both in the same year will only count as one Measurable Skill Gain.

|  |  |  |
| --- | --- | --- |
| **FY 17** | **FY 18** | **FY 19** |
| **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** | **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** | **Number of Participants** | **Number Who Gained or Retained Employment** | **Number Who Attained a Secondary School Diploma** | **Number Who Transitioned to Postsecondary Education or Training** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**FY 21 COMPETITIVE GRANT APPLICATION**

**Consideration 1: Indicators of Regional Need and Population Type (5 Points)**

Instructions: Describe how your organization will provide services to meet regional needs as identified in the local plan under WIOA II – Section 108. Provide the needs assessment data and data analysis for the jurisdiction proposed for services. Describe how your program will serve individuals in the community who were identified in the plan as most in need of adult education and literacy activities, including individuals who have low levels of literacy and who are English language learners.

*(WIOA Title II, Sec. 231 (e)(1))*

|  |
| --- |
| **Narrative Criteria:**  |
| Describe the jurisdictional need for adult education services based on population, economics, literacy, English proficiency, parent education levels or related factors as articulated in the local plan. Provide the needs assessment data, data sources and analysis that support the need for the proposed services. |
| Explain how your program will address the specific needs of the eligible population to be served through this program. Place emphasis on how your program will serve adults with the lowest levels of literacy, English language learners, and any other population identified by the Local Plan.NOTE: Provide justification if your program plans to serve fewer than 300 learners. |

**Consideration 2: Serving Individuals with Disabilities (5 Points)**

Instructions: Provide a description of the ability of your organization to serve eligible individuals with disabilities including those individuals with learning disabilities.

 *(WIOA Title II Sec. 231 (e)(2))*

|  |
| --- |
| **Narrative Criteria:**  |
| What practices will your program employ to provide necessary accommodations to support individuals with physical and mental disabilities, including individuals with learning disability needs? |
| Describe your collaboration with agencies, partners, and/or other services that assist in supporting and serving eligible individuals with disabilities. |
| Describe how your program’s policies and procedures comply with the Maryland State Plan for the WIOA and the Americans with Disabilities Act (ADA 1990). |

|  |
| --- |
| Insert your program’s GEPA Statement here. (This box will expand as needed.) |

**Consideration 3: Program Competency and Past Effectiveness (5 Points)**

Instructions: Describe the past effectiveness of your program in improving the literacy of eligible individuals, to meet the State adjusted levels of performance for the primary indicators of performance described in Section 116, especially with respect to eligible individuals who have low levels of literacy.

*(WIOA Title II Sec. 231 (e)(3))*

|  |
| --- |
| **Narrative Criteria:** |
| Explain your program’s operation and history of successfully providing adult education and literacy services to eligible adults for the past three consecutive years. |
| Describe previous experiences, past successes, and unique qualifications to serve eligible adults with references to the specific population your program proposes to serve (*individuals at the lowest levels of literacy, English language learners, adults seeking a high school diploma, local institutionalized individuals, incumbent workers, families, out of school youth, etc.*). |
| Describe your program’s past effectiveness in improving the literacy skills of adults. Include supporting data and factors that contribute to both positive and negative outcomes. Identify challenges and plans to address them. |
| How has your program defined measurable skill gains? What tool(s) has your program used to measure them (standardized assessments, portfolio, program-generated assessments, etc.)? |

**Consideration 4: Alignment with Local Workforce Plan (5 Points)**

Instructions: Provide a description of how and to what extent the eligible provider demonstrates alignment between proposed activities and services and the strategies and goals of the local plan under WIOA Title II, Section 108; as well as the activities and services of the one-stop partners.

*(WIOA Title II – Sec 231 (e)(4))*

As required by WIOA Title II, Section 231(e), grant applications will be submitted to the Local Workforce Development Board (LWDB) for review and comment on the extent to which the application is aligned with the local plan under WIOA Title II, Section 108. LWDBs may either approve or make recommendations that promote alignment with the local plan. MD Labor will consider the results of the review by the LWDB in determining the extent to which the application addresses this consideration.

|  |
| --- |
| **Narrative Criteria:** |
| How will your program align services and activities with the local workforce plan? Address the following:* Career pathways
* Proposed joint activities
* Resource sharing
* Participant referral and assessment practices
* Title I and Title II co-enrollment
 |
| * American Job Center partnerships
* Representation on the LWDB
 |

**Consideration 5: Program Intensity and Quality (10 Points)**

Instructions: Document that the instructional program is of sufficient intensity and quality, based on the most rigorous research available so that participants achieve substantial gains; and uses instruction practices that include the essential components of reading instruction.

*(WIOA Title II – Sec 231 (e)(5))*

|  |
| --- |
| **Narrative Criteria:** |
| Detail how your program will assess the effectiveness of curriculum and instructional practices (e.g., pre- and post-testing strategies, instructor evaluations, etc.). |
| Provide a description of your program’s managed enrollment system:* Recruitment activities of eligible learners for proposed services
* Intake/orientation/registration process (include hours per learner, number of event per fiscal year)
* Assessment policies and practices
* Placement and promotion policies and practices
 |
| Describe how the scheduling of instruction is of sufficient intensity to enable participants to achieve substantial learning gains and is provided through a variety of face-to-face, distance, and blended learning opportunities. |
| What are your program’s retention strategies? How does your program’s Attendance Policy encourage learner participation and retention? |
| Briefly explain your program’s Waitlist Policy. |
| Describe your program’s process for designing evidence-based reading instruction, such as phonemic awareness, systematic phonics, fluency and reading comprehension that research has proven to be effective. |

**Documentation Required:**

Class Schedule (Excel worksheet)

**Consideration 6: Research Based Instructional Practices (15 Points)**

Instructions: Describe how the proposed program and activities, including whether reading, writing, speaking, mathematics, and English language instruction delivered by the provider, are based on the best practices derived from the most rigorous research available and appropriate, including scientifically valid research and effective educational practice.

*(WIOA Title II – Sec 231 (e)(6))*

|  |
| --- |
| **Narrative Criteria:** |
| Describe, with citation, how your program uses and will apply rigorous research and evidence-based instruction for various content components of Adult Basic Education (ABE), Adult Secondary Education (ASE), English Language Acquisition (ELA) (e.g., writing, speaking, and numeracy). |
| Describe how your program incorporates the College and Career Readiness Standards (CCRS) into instruction. |
| Describe how your program incorporates the Maryland Content Standards for Adult ESL/ESOL and/or English Language Proficiency Standards for Adults into instruction. |

**Consideration 7: Technology (5 Points)**

Instructions: Describe the effective use of technology, services, and delivery systems, including distance learning education in a manner sufficient to increase the amount and quality of learning and how such technology, services and system lead to improved performance.

*(WIOA Title II Sec. 231 (e)(7))*

|  |
| --- |
| **Narrative Criteria:** |
| Provide an overall description of **instructional activities** that utilize educational technology in the classroom to include:* Availability of and training on educational technology tools
* Observation of effective instructor and student use
 |
| Briefly describe **current blended and distance learning** course offerings to include:* Percentage of blended and distance offerings within your program
* Expansion efforts

If no offerings currently exist, provide a plan for FY21 implementation. |
| Review the *Digital Literacy Framework for Adult Learners.* Outline elements of the framework that are currently implemented and identify gaps in your program. (NOTE: Plans for digital literacy integration are to be outlined in the FY21 Professional Development Plan. See the PD Plan Worksheet for further instructions.) |

**Consideration 8: Learning in Context/Integrated Education & Training for Transition (10 Points)**

Instructions: Describe the provider’s activities that provide learning in context, including through integrated education and training, so that an individual acquires the skills needed to transition to and complete postsecondary education and training programs, obtain and advance in employment leading to economic self-sufficiency, and to exercise the rights and responsibilities of citizenship.

*(WIOA Title II Sec. 231 (e)(8))*

|  |
| --- |
| **Narrative Criteria:** |
| Describe current and proposed strategies, which includes a single set of learning objectives, for providing integrated education and training. Include resources and materials used, and partnerships, if applicable. |
| Describe proposed instructional activities and strategies that will support learners in acquiring the skills needed to transition to and complete post-secondary education and training, obtain and/or advance in employment leading to economic self-sufficiency. |
| Describe proposed instructional activities and strategies that will support learners in acquiring the skills needed to exercise the rights and responsibilities of citizenship. |
| Describe how your program will incorporate career awareness (available pathways based on local labor market) and workforce preparation activities into all levels of programming (e.g., critical thinking, digital literacy, self-management, etc.). |

**Consideration 9: Quality of Staff and Professional Development (15 Points)**

Instructions: Provide verification and description that program activities are delivered by well-trained instructors, counselors, and administrators who meet the minimum qualifications established by the State, where applicable, and who have access to quality professional development, including through electronic means.

*(WIOA Title II Sec. 231 (e)(9))*

|  |
| --- |
| **Narrative Criteria:** |
| Explain your process and criteria (e.g., licensure, education, credentials, experience, etc.) used in hiring decisions related to program staff and instructors. |
| Explain your process for on-boarding new staff and instructors. Provide an overview of information and resources presented. |
| Explain your process for determining professional development activities. Please include references to any data sources your program utilizes to make your decision (e.g., teacher survey, NRS data review, classroom observation, etc.) and formats available to instructors (e.g., face-to-face, online courses, mentoring, etc.). |

**Qualification of Personnel Chart**

**State Required Key Staff**

|  |  |  |
| --- | --- | --- |
| **Name** | **Time on Project** | **Credentials and Experience** |
| **Number of Hours per Week** | **Number of Weeks** | **Bachelor’s Degree** | **Master’s Degree** | **Terminal Degree** | **Years of Adult Ed** |
| Program AdministratorName: Phone: E-Mail:  |  |  |  |  |  |  |
| Instructional SpecialistName: Phone: E-Mail:  |  |  |  |  |  |  |
| Intake/Assessment SpecialistName: Phone: E-Mail:  |  |  |  |  |  |  |
| Management Information Systems SpecialistName: Phone: E-Mail:  |  |  |  |  |  |  |

**Additional Key Staff**

|  |  |  |
| --- | --- | --- |
| **Name** | **Time on Project** | **Credentials and Experience** |
| **Number of Hours per Week** | **Number of Weeks** | **Bachelor’s Degree** | **Master’s Degree** | **Terminal Degree** | **Years of Adult Ed** |
| Title: Name: Phone: E-Mail:  |  |  |  |  |  |  |
| Title: Name: Phone: E-Mail:  |  |  |  |  |  |  |
| Title: Name: Phone: E-Mail:  |  |  |  |  |  |  |

**Teachers, Volunteers, and Other Staff**

|  |  |  |
| --- | --- | --- |
| **Paid Teachers or Tutors****All teachers/tutors must have a minimum of a Bachelor’s Degree** | **Number****Full Time** | **Number****Part Time** |
| ABE |  |  |
| ASE |  |  |
| ESL |  |  |
| NEDP Advisors and Assessors |  |  |
| **Total Teachers/Tutors, Unduplicated** |  |  |
| **Volunteers–Unpaid** |  |  |
| Assist in classes as needed |  |  |
| Tutor learners one on one |  |  |
| Assist in office as needed |  |  |
| **Total Volunteers, Unduplicated** |  |  |
| **Other Staff (provide title)** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Documentation Required:**

Resumes of Key Personnel (Attach after Consideration 13)

**Consideration 10: Coordination with Other Education, Training, and Social Service Resources in the Community (5 Points)**

Instructions: Provide information on how the provider’s activities coordinate with other available education, training, and social service resources in the community, such as by establishing strong links with elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce development boards, one-stop centers, job training programs and social service agencies, business, industry, labor organizations, community-based organizations, nonprofit organizations, and intermediaries, for the development of career pathways.

*(WIOA Title II Sec. 231 (e)(10))*

|  |
| --- |
| **Narrative Criteria:** |
| For the development of career pathways, describe the extent and nature of staff and program collaboration with applicable institutions, organizations, and agencies listed above. |
| List the resources used, in addition to academic programming, to support learners in career pathways, particularly in terms of barrier removal, community support, and transition services. (This box will expand as needed.) |
| Explain the implementation of your career pathways approach including integrated education and training (IET) in adult education. |
| Learner progress along a career pathway is the key focus of an IET. How will your program measure the success of your IET partnership(s) and their contribution(s) to learner progress within a career pathway? |

**Consideration 11: Flexible Scheduling and Coordination (5 Points)**

Instructions: Describe how the provider offers flexible schedules and coordination with Federal, State, and local support services (such as child care, transportation, mental health services, and career planning) that are necessary to enable individuals, including individuals with disabilities or other special needs, to attend and complete programs.

*(WIOA Title II Sec. 231 (e)(11))*

|  |
| --- |
| **Narrative Criteria:** |
| How will your program determine a learner’s need for specialized support services? |
| Describe how your program will offer flexible schedules and coordinate support services to enable learners, including individuals with disabilities or other special needs, to achieve learning goals. Consider federal, State, and local support services. |
| Identify gaps in support services. What additional partnerships are needed to address these gaps? |

**Consideration 12: Management Information Systems and Measurable Outcomes (5 Points)**

Instructions: Describe how the provider maintains a high-quality information management system that has the capacity to report measurable participant outcomes (consistent with WIOA Section 116) and to monitor program performance.

*(WIOA Title II Sec. 231 (e)(12))*

|  |
| --- |
| **Narrative Criteria:**  |
| Describe your program’s data collection and data entry process, including timelines that meet the requirement of monthly data entry. |
| Adult Education programs are bound by law to protect learners' sensitive and Personally Identifiable Information (PII) (See Maryland Labor's Privacy and Data Security Policy for more detail). Describe the steps your program will take to ensure the confidentiality and security of student and program data. |
| Explain your process for reviewing data to determine errors, out-of-range values and other anomalies. Describe your process for correcting these errors. |
| Describe how your program uses data analysis to improve program performance including recruitment, retention, and progress towards Measurable Skill Gain (MSG) goals. |

**Data Quality Standards**

*Local Program Data Quality Checklist*

**Background and Purpose**

The development of a Local Program Data Quality Checklist is driven by the need for local programs to have effective self-monitoring tools around data collection and reporting. Several benefits can be gained by using this tool. First, local programs will be well-informed about what is necessary to know and do to ensure quality data. Second, local programs can use the tool to conduct a self-assessment regarding program practices and policies. The results of the assessment can support program teams in setting an action plan to improve practices. Finally, local program administrators can use this tool to share best practices with the entire team to create a common language about data quality and to ensure that everyone understands why policies exist and the value of having high quality data to support program improvement.

**Action Required:**

1. Complete the *Data Quality Checklist* cover sheet.
2. Read through each of the four Content Areas on the *Data Quality Checklist: The Tool* to prepare for the types of questions your program will need to respond to. As your program responds to the prompts and considers current program practices, be sure to provide as many specifics as possible. When sharing this document with your team, it is beneficial for everyone to understand program practices clearly.
3. Determine which quality level your program meets for each Content Area – *Acceptable*, *Superior* or *Exemplary*. Your program’s quality level is determined by the scoring interval for which *all* items have successfully been met. Your program may have some items met in the quality level above that, but in order to score your program at a specified level, your program must meet *all* of the item requirements in that category. In order to score your program as Exemplary, your program must meet *all* of the item requirements in the Exemplary, Superior and Acceptable categories.
4. Once your program has a grasp of your program practices, you must make a plan to improve your data quality practices (where applicable). On the *My Program at a Glance: Data Quality Improvement* worksheet, each content area has its own planning template. Complete each template, indicating which “standard” your program did not meet, and how your program plans on addressing this.

\*\*\*\*\*If a local program fails to meet a minimum of *Superior* standards in any area, your program must complete and submit the *My Program at a Glance: Data Quality Improvement* that describes how it will move toward *Superior* quality within the next fiscal year. The plan must address all standards that your program did not meet, describe what new policies or procedures will be put in place to meet the standards, identify barriers to moving to a higher quality level, and outline the technical assistance needed to implement the plan.

The data quality standards are organized into four content areas that define high quality data collection systems. These areas are defined below:

**Content Area 1: Data Foundation and Structure**

This Content Area addresses whether the local program has the foundation and structures for collecting quality data that meet National Reporting System (NRS) guidelines. Standards measure whether your program has policies for assessment and follow-up; whether your program implements these policies; and whether your program conducts validity studies to ensure processes are working to produce accurate and reliable data.

**Content Area 2: Data Collection and Verification**

This Content Area addresses whether the local program collects measures according to NRS guidelines using procedures that are likely to result in high reliability and validity. Standards also address whether data are collected in a timely manner, are systematically checked for errors, and whether your program also has processes for verifying the validity of the data.

**Content Area 3: Data Analysis and Reporting**

The quality standards in this Content Area include whether your program has systems for analyzing and reporting data, including appropriate databases and software. The standards also address whether analyses and reports are produced regularly, are used to check for errors and missing data, meet NRS and State needs, and are useful to State and local staff for program management and improvement.

**Content Area 4: Staff Development**

The standards in this Content Area address whether your program has existing systems for professional development for staff on NRS requirements, including whether your program provides training on data collection, measures, assessment, goal setting and follow-up procedures. Standards also focus on whether training is ongoing and continuous (for all new staff), meets the needs of staff, and is designed to improve data quality.

Within each of the four Content Areas there are three *Levels of Quality* that reflect whether your program has policies and procedures in place to improve the reliability and validity of data. These levels are outlined below:

***Acceptable Quality***

Local program policies and procedures meet the minimum acceptable conditions for implementing the NRS requirements.

***Superior Quality***

Local program policies and procedures go beyond the minimum to promote higher levels of data validity and reliability through: regular oversight of data collection methods, ongoing assistance to staff members regarding NRS data issues, and procedures for verifying the accuracy of data.

***Exemplary Quality***

Local program has procedures and systems that promote the highest level of data validity and reliability, including: systems for verifying accuracy of data, systems for monitoring data collection and analyses, and corrective systems to improve data on an ongoing basis. Program procedures indicate a focus on continuous improvement of the quality and accuracy of data.

**REMEMBER:**

The Data Quality Checklist presents the standards for each Content Area and *Level of Quality*. Local programs are to report whether they have implemented the policy, process, or procedure described in the standards by indicating “yes” or “no” within the Checklist. Some standards require your program to provide additional information, such as the name of assessment used or a narrative description with more detail. All narrative descriptions should be brief but sufficient enough to convey the information requested. No more than a few sentences are necessary. Standards that have the “Evidence/Narrative” section grayed out do not require response.

**Note:** Programs are asked to provide the location of additional records, for example, the Pseudo SSN Log or attendance records, these files can be hard copy OR electronic. MD Labor does not specify a particular format. The records must be easily accessible, in whichever format your program chooses.

**The Data Quality Checklist: The Tool**

|  |
| --- |
| Content Area 1: Data Foundation and Structure  |
| Acceptable Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program is aware of the *Basic Education Skills and English Language Assessments Policy*. My program’s policy mirrors the state’s policy and specifies:
* Standardized assessments to use for accountability that are valid and appropriate for adult learners.
* Time periods (in hours or weeks) for when to pre- and posttest.
* Score ranges tied to educational functioning levels (EFL) for placement and for reporting gains for accountability.
* Appropriate guidance on tests and placement for special populations (e.g., learners who are unable to be tested due to language or disability).
* Unacceptable methods of assessment for EFL placement.
* Appropriate guidance on requirements and conditions for testing distance education learners reported in the NRS.
 | List allowable assessments used by your program for:**ABE** - **ESL** - |  |
| 1. My program has written policies for following up with learners as they enter post-secondary education or training and obtain degrees and/or secondary credentials.
 |  |  |
| 1. My program’s data system (LACES) can produce files for data matching that include exit dates and employment status for each learner.
* My program has established a procedure, in compliance with state policy, for collecting Social Security Numbers or other unique identifiers.
* My program has established a procedure, in compliance with state policy, for how to deal with missing Social Security Numbers or other unique identifiers. This Pseudo SSN procedure has been provided to staff.
* My program has established a procedure, in compliance with state policy, for setting a schedule for data collection and entry. This data collection schedule has been provided to staff.
 | Indicate where your Pseudo SSN Log is kept:Note: Learner records are filed/kept for a minimum of three prior fiscal years from the date of submission of the fiscal year’s Annual Financial Report. |  |
| 1. My program is aware of the NRS definitions for all measures, including demographic measures, contact hours, and proxy hours, defined according to NRS requirements and provided to appropriate staff. If proxy hours are used, my program is aware of the state’s written procedures on assigning these hours for blended and distance learning.
 | If proxy hours are used, please identify which model(s):☐ Clock Time Model☐ Teacher Verification Model☐ Learner Mastery Model |  |
| Superior Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program is familiar with and uses the state Data Definition Dictionary.
 |  |  |
| 1. My program follows state policy and requirements for the percentage of learners to be pre- and post-tested.
 | **Pretesting**: 100% of all enrolled learners must be pretested. Pretesting must occur within the first six hours of intake/entry into program.**Post testing**: At least 70% of enrolled learners must be post tested. |  |
| 1. My program is aware of and accesses additional technical assistance and resources on assessment and data collection (site visits, manuals, online resources, etc.).
 | (Check all the apply)☐ Attend LACES training(s)☐ Contact assigned MD Labor program specialist☐ Access MD Labor site and NRS site☐ Network with other grant recipients☐ Obtain advice/training from local or contracted technology support.  |  |
| Exemplary Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program can verify that we are following state data policies and procedures through quarterly data review and annual enrollment verification monitoring visits.
 | Indicate where quarterly data review and documentation for monitoring visits are kept: |  |
|  |  |
| Content Area 2: Data Collection and Verification |
| Acceptable Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program uses the Literacy, Adult, and Community Education System (LACES), that has individual learner records within a relational data base structure. The MIS incorporates NRS measures using common definitions and categories.
 |  |  |
| 1. My program uses LACES’ error checking functions (e.g., that identify out-of-range values and missing data).
 |  |  |
| 1. My program has and is using the state’s standardized/adapted enrollment form for collecting learner information (e.g., intake, assessments, attendance, goal setting, and learner signature in blue ink) that includes all NRS measures and has correct NRS definitions and categories. My program’s learner enrollment form includes, at the minimum, all of the mandatory data fields on the state’s model enrollment form.
 | Submit a copy of your program’s current learner enrollment form to MD Labor for review and file.  |  |
| 1. My program is aware of and follows guidelines and procedures for recording contact hours that conform to NRS requirements. A daily attendance/sign-in record is mandatory and must contain elements which identify the class, teacher, class time, class date, learner names, learner signatures, and hours attended.
 | Indicate where daily attendance/sign-in records are kept: |  |
| 1. My program has designated staff with clear responsibility for data collection and data entry.
 | Indicate who is responsible and contact information: |  |
| 1. The designated data quality staff in my program checks for errors on learner enrollment forms after submissions by teachers.
 |  |  |
| Superior Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program enters data into LACES at least monthly.
 |  |  |
| 1. My program reviews data at least quarterly for errors, missing data, out-of-range values and anomalous data. My program has a system or documented procedures for correcting and resolving these errors. (e.g., run LACES Fiscal Year Based Diagnostics Searches, review errors, contact IAS or instructors if necessary, correct errors, conduct periodic class/site visits to observe and review data collection procedures and review learner files.)
 |  |  |
| 1. My program seeks out additional technical assistance as needed.
 |  |  |
| Exemplary Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program is aware of the state’s system for verifying (through LACES, onsite monitoring, contact with local staff) that my program complies with state data collection procedures.
 |  |  |
| 1. My program is in regular contact with appropriate state and local staff and/or LACES Helpdesk to review and discuss data issues and to receive technical assistance on data analysis and reporting.
 | (At least one)☐ MD Labor Program Specialist☐ LACES Helpdesk☐ LACES Workgroup |  |
|  |
| Content Area 3: Data Analysis and Reporting |  |  |
| Acceptable Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program can produce required reports for the state and program monitoring, including federal NRS tables.
 | Indicate where reports are kept: |  |
| 1. My program is able to report disaggregated data by subpopulation (e.g., learner age, race, sex) and program (e.g., ABE, ESL, ASE, correctional education, distance education).
 |  |  |
| Superior Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a staff person familiar with the data, but not directly involved with data collection and data entry, review NRS reports for errors and accuracy.
 | Indicate who is responsible and contact information: |  |
| 1. My program uses data, at least quarterly, for *program* *management and improvement*. (e.g., identifying trends)If **yes**, provide an example of using data for this purpose in the last fiscal year.
 | Example: |  |
| 1. My program can produce reports to analyze data related to a *program specific concern*.If **yes**, provide an example of using data for this purpose in the last fiscal year.
 | Example: |  |
| Exemplary Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a system of regular contact with staff regarding data analysis issues and reporting needs to identify technical assistance needs.
 |  |  |
| 1. My program has documented procedures for dealing with data analysis problems and deviations. Specifically, the observations from the quarterly reports.
 |  |  |
| 1. My program compares data with prior years’ data for discrepancies, reasonableness and to identify trends in performance.
 | Maintains file of federal and local program reports for at least three prior fiscal years. Indicate where reports are kept: |  |
| 1. My program has procedures to verify that reports accurately reflect data collected (e.g., through review of site and teacher documentation).
 |  |  |
|  |
| Content Area 4: Professional Development |  |  |
| Acceptable Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program’s leadership staff has attended the State planned LACES training and is also aware of the *Basic Education Skills and English Language Assessments Policy*, data collection, and goal setting procedures.
 |  |  |
| 1. My program staff has received internal training on data collection procedures (data entry).
 | Indicate where agenda and sign in sheets are kept: |  |
| 1. My program staff has received internal training on how to produce and/or interpret LACES and NRS reports.
 |  |  |
| Superior Quality | Evidence/Narrative | Met? (Y/N) |
| 1. Internal LACES training is planned and delivered based on the needs of my program, which have been communicated through evaluations of previous trainings.
 |  |  |
| 1. My program provides ongoing support to staff for collecting data.
 |  |  |
| Exemplary Quality | Evidence/Narrative | Met? (Y/N) |
| 1. My program has a system for continuous training of staff on LACES issues, data collection, data reporting, and data analysis through regularly scheduled training sessions or other resources (e.g., Orientation for New Teachers, etc.).
 |  |  |
| 1. My program has timely intervention strategies to identify data problems as they occur and to provide training to staff to correct the problems.
 |  |  |

**My Program at a Glance: Data Quality Improvement**

**Directions:** Once your program has completed the Data Quality Checklist, indicate your program’s score for each of the Content Areas.

|  |
| --- |
| **Content Area 1: Data Foundation and Structure** |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** |
|  |

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| **Content Area 2: Data Collection and Verification** |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** |
|  |

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| **Content Area 3: Data Analysis and Reporting** |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** |
|  |

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| **Content Area 4: Professional Development** |
| **Score (Mark One)** |  | Acceptable |  | Superior |  | Exemplary |
| **List all standards not meeting a minimum of Superior level in this Content Area. Describe the steps your program will take to address the standard and any technical assistance your program would need.** |
|  |

**Consideration 13: English Language Acquisition and Civics Education (5 Points)**

Instructions: Provide data that supports that the local area in which the eligible provider is located has a demonstrated need for additional English Language acquisition programs and civic education programs.

*(WIOA Title II Sec. 231 (e)(13))*

|  |
| --- |
| Explain how your program has determined a need, or a lack of need, for English Language acquisition programs and civic education programs. Include the demographics of this population in the local area. Cite the source data. |
| Describe your program’s experience (within the last three years) providing instruction and services to English Language Learners. If your program does not serve English Language Learners, what referral process or resources does your program have in place to support this population? |

The MD Labor Language Access Plan was established in accordance with WIOA, Maryland law, and recognized best practices. Regardless of availability of ESL programming, **all** **applicants** must address how your program would serve a limited English proficient individual.

|  |
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| Explain the steps your organization takes to promote equitable interaction with limited English proficient individuals. |
| Describe how your organization will provide oral interpretation and written translation services that align with the MD Labor Language Access Plan. |
| List the vital documents used by your organization that will be translated in alignment with the MD Labor Language Access Plan.(This box will expand as needed.) |

Attached Required Documentation here:

Resumes for Key Personnel

Class Schedule (Excel workbook)

**Family Literacy MOU**

|  |
| --- |
| ***Between******and*** |

**Part I**

**Purpose:**

This Memorandum of Understanding (MOU), dated herein, outlines the agreement between the above named parties, to collaborate in providing Family Literacy Services during the fiscal year beginning on July 1, 2020, and ending on June 30, 2021.

**Definition:**

The partnership covered by this agreement must offer all four Family Literacy components, in adherence to the federal definition of Family Literacy Services, i.e., services that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family, and that integrate all of the following activities:

1. Parent literacy training that leads to economic self-sufficiency (Adult Education including Adult Basic Education [ABE], Adult Secondary Education [ASE], or English Language Acquisition [ELA])
2. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children (Parent Education)
3. Interactive literacy activities between parents and their children (ILA, parent/child together activities [PACT])
4. Age-appropriate educational activities to prepare children for success in school and life experiences.

**Partner Responsibilities:**

All partners to this MOU must agree to commit the necessary resources to deliver and ensure integration of the components of Family Literacy listed above. The Adult Education partner must provide an adult instructional Program that meets all Maryland Department of Labor (MD Labor) standards for Adult Education and Family Literacy. Under no circumstances may Adult Education and Family Literacy funds be used to support the interactive parent and child activities or the children’s educational activities. Child-focused activities must be delivered and funded by a qualified partner with demonstrated expertise in age-appropriate children’s education. Either the Adult Education Family Literacy program or the partner may deliver and fund the Parent Education component. Additionally, all partners to this MOU agree to commit resources for joint planning for integration of the four components and for team meetings.

**Part II**

|  |
| --- |
| 1. **Adult Education**
 |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
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| --- |
| 1. **Parent Education**
 |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
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| --- |
| 1. **Interactive Literacy Activities**
 |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
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| 1. **Children’s Educational Activities**
 |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
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| 1. **Coordination and Planning for Integration**
 |
| **Description of Activity, Location, Staff Responsible, and Schedule** | **Expected Outcome(s)** | **Method of Measuring Outcome(s) (Evaluation)** | **Cost and Partner Responsible for Funding Cost** |
| *Add or delete rows as needed. Each row represents one activity.* |  |  |  |
|  |  |  |  |
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This MOU shall become effective when fully executed by all parties. It shall remain in effect for the fiscal year beginning July 1, 2020, and ending June 30, 2021. A written notification is required of all parties and the Department of Labor, Division of Workforce Development and Adult Learning, Office of Adult Instructional Services, at least 90 days prior to the termination date, to terminate the MOU.

**Signatures**

**Signature 1 Signature 2**

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Education Program Administrator

**Signature 3 Signature 4**

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_