**PROJECT NUMBER(S)**: XX-XXX-XXX-XXX

(First time applicant, leave as XX-XXX-XXX-XXX)

**FISCAL YEAR:** 20XX – 20XX

|  |  |
| --- | --- |
| Name of Grant Lead Agency  |  |
| Name of Literacy Provider |  |
| Provider Description |  |
| Provider Days/Hours |  |
| Total # of ABE/ELL participants served in FY2023-24 |  |
| # of WIOA Title II-supported participants projected to be served as a partner in Title II in FY2025-26 |  |
| Demographics on Target Population |  |
| Assessment Instrument(s) |  |
| Student access to Technology |  |
| Provider Manager |  |
| Executive Director/Authorized Person |  |
| Phone # |  |
| Fax # |  |
| Email Address |  |
| Other Funding Sources |  |

**Submit the form as part of your application.**