# Section 1: Consortium Administration

This Annual Plan Form has been partially auto-filled for your Consortium based on your AEBG Consortium Fiscal Administration Declaration (CFAD). **Some text is locked** (🔒). Should you need to make changes to these sections, please contact the AEBG Office. Submissions are due by **August 15, 2016.**

**Please Note:** Please use bullet-point lists where appropriate for clarity and concision and spell-out acronyms that may not be readily understood by most readers.

|  |  |
| --- | --- |
| Consortium Grant Number | Consortium Name |
| 🔒15-328-00 | 🔒00 - XYZ Adult Education Consortium |

## Primary Contact(s)

The table below lists the current Primary Contact(s) for your Consortium. Each may identify up to **two**. Please review and update the information listed below as appropriate. Changes may be entered directly into the table below. All changes are saved automatically.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Phone** | **Email** |
| Dr. Steve Tester | Consortium Lead | [(555) 555-1100](tel:5555551100) | [steve.tester@xyzaebg.edu](mailto:steve.tester@xyzaebg.edu) |
| *\* Optional* |  |  |  |

|  |
| --- |
| Funding Channel |
| * 🔒 The consortium has designated a fiscal agent * 🔒 The Consortium is direct funded |

## Fiscal Contact

The table below lists the current Fiscal Contact for your Consortium. Please review and update the information listed below as appropriate. Changes may be entered directly into the table below. All changes are saved automatically.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Phone** | **Email** |
| Kate Oswald | CFO | [(555) 666-7777](tel:5556667777) | [koswald@smerp.org](mailto:koswald@smerp.org) |

## Member Representation

The table below lists the current Membership for your Consortium. Please review and update the information listed below as appropriate. Changes may be entered directly into the table below.

To **add** or **remove** a Member Representative, click **Add / Remove Member Representatives.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Member** | **Phone** | **Email** | **Date Approved** |
| Dr. Steve Tester | Lake Town USD | [(555) 555-1100](tel:5555551100) | [stester@xyzaebg.edu](mailto:stester@xyzaebg.edu) | 04/10/2016 |
| John Yossarian | Sandwichville USD | [(555) 555-1200](tel:5555551100) | [jyossarian@susd.edu](mailto:jyossarian@susd.edu) | 04/10/2016 |
| Judith Light | Happytown USD | [(555) 555-1300](tel:5555551100) | [jlight@hust.org](mailto:jlight@hust.org) | 04/10/2016 |
| Rinaldo Cantabile | Barleysheath CCD | [(555) 555-1400](tel:5555551100) | [rcantabile@rbccd.edu](mailto:rcantabile@rbccd.edu) | 04/10/2016 |
| Sam Shephard | Plunkerville USD | [(555) 555-1500](tel:5555551100) | sshephard@pusd.org | 04/10/2016 |
| Michael Nesmith | Merplopin ROP | [(555) 555-1600](tel:5555551100) | mnesmith@mrop.org | 04/10/2016 |
| Joey Fatone | Smerpopolis COE | [(555) 555-1700](tel:5555551100) | jfatone@scoe.org | 04/10/2016 |



## Governance Plan

Your Governance Plan defines the policies and procedures that guide decision-making and operations for your Consortium. Your Consortium’s current Governance Plan may be found below.

<governanceplan.docx>

**Has your Consortium changed how it manages operations since submitting the plan above?** (Select Yes or No)

* Yes
* No

If you have changes to your Governance Plan Template, please complete a new Governance Plan Template and upload it below for submission with your Annual Plan.

**Download Governance Plan Template**

/Volumes/Files/Dropbox/Screenshots/Screenshot 2016-06-27 15.17.17.png

## Organizational Chart\*

In your 2016 – 17 CFAD, you were asked to submit an Organizational Chart. Your Consortium’s current Organizational Chart may be found below.

<organizationalchart.jpg>

**Do you have changes to your Organizational Chart?** (Select Yes or No)

* Yes
* No

If there have been changes from what was submitted with your CFAD, please upload a new Organizational Chart below for submission with your Annual Plan. Organizational Charts must be in **.jpg** format.

/Volumes/Files/Dropbox/Screenshots/Screenshot 2016-06-27 15.17.17.png

## Fiscal Management

In your CFAD you answered the following questions: 1) How will the consortium be fiscally managing your block grant in 2016 - 17? 2) How are you rolling up grant expenditures report to the State? Your response is included below for reference.

|  |
| --- |
| Lorem ipsum dolor sit amet, consectetur adipiscing elit. Pellentesque faucibus viverra nisl, quis varius massa blandit id. Praesent vestibulum non lacus at consectetur. Maecenas vitae arcu sapien. Fusce ultricies felis at dictum congue. Nam porta lectus elit. Maecenas ac est at ipsum pretium pellentesque. Fusce vestibulum, lacus in vehicula porta, tellus tellus rutrum ex, in lobortis lectus libero in lectus. |

**Does your Consortium have updates or changes to its approach to Fiscal Management to report? If so, click *Yes* and enter them in the textbox below. Otherwise, click *No*.**

* *Yes*
* *No*

***Changes:*** *(200 words max.)*

|  |
| --- |
|  |

## Consortium Allocation Schedule

In your CFAD, you submitted your Allocation Schedule for 2016-17. **This item is locked**. It is included here for reference only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🔒 | **Member Name** | **District / LEA Code** | **Member Type** | **16 - 17 Allocations** |
| 🔒 | Lake Town Unified School District | 00001 | CCD | $90,000 |
| 🔒 | Sandwichville Unified School District | 345600 | SSD | $200,000 |
| 🔒 | Happytown Unified School District | 345601 | SSD | $95,000 |
| 🔒 | Dr. Rufus T. Barleysheath Community College District | 345602 | CCD | $90,000 |
| 🔒 | Plunkerville Union School District | 345603 | SSD | $300,000 |
| 🔒 | Merplopin Regional Occupational Center | 345604 | JPA | $90,000 |
| 🔒 | Smerpopolis County Office of Education | 345605 | COE | $90,000 |
|  |  |  | **Total** | **$955,000** |

Section 2: Plan Summary for Program Year 2016-17

*The AEBG effort focuses on the purpose described in AB86: “... to rethink and redesign an educational system that creates seamless transitions for students across adult schools and community colleges to accelerate academic and career success in order to earn a living wage.” Your AB104 Adult Education Block Grant Three-Year Plan Update summarizes what your Consortium’s vision and goals are for your regional Adult Education system. The Annual Plans focus on what will be done to make progress toward that vision each year.*

## Executive Summary

Please provide an Executive Summary of your Consortium’s implementation plan for the 2016 – 17 Program Year. In your summary, please be sure to provide a clear and concise description of your Consortium’s vision, accomplishments made during the prior Program Year, and its primary goals for the the upcoming Program Year.   
  
**Response:** (500 words max.)

|  |
| --- |
|  |

### Stakeholder Engagement

In the table below, please list your Consortium’s Partner Agencies. These may include, but are not limited to, state, county workforce and / or educational agencies, community based organizations, corrections, advocacy and / or special interest groups, proprietary schools, charter schools, among others. Values may be entered directly into the table below. All changes are saved automatically.

|  |  |  |
| --- | --- | --- |
| **Partner Name** | **Partner Type** | **Core Services Provided** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Briefly describe **a promising practice** that has emerged as a result of your collaboration with one or more of the partners identified above.

**Response:** (200 words max.)

|  |
| --- |
|  |

### Levels and Types of Services

Please provide a description of your Consortium’s **success** expanding levels and types of programs within your region, as well as key **challenges** faced and / or overcome during the 2015 – 16 Program Year.

**Successes:** (200 words max.)

|  |
| --- |
|  |

***Challenges:*** *(200 words max.)*

|  |
| --- |
|  |

### Regional Needs

Please provide a description of your Consortium’s **success** providing training and educational services to address the needs of adult learners within your region. Please also identify key **challenges** faced and / or overcome during the 2015 – 16 Program Year. Please also include descriptions of changes in the needs of your region, as appropriate.

**Successes:** (200 words max.)

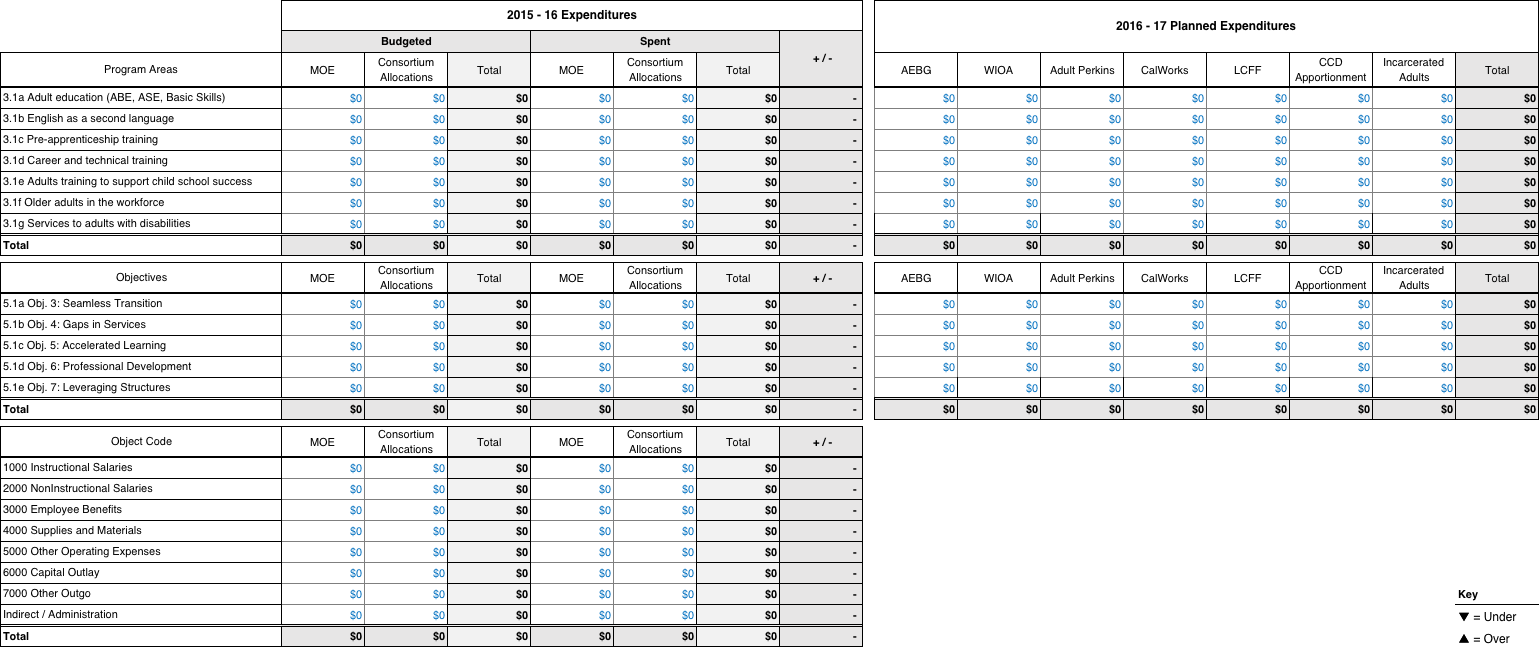
|  |
| --- |
|  |

**Challenges:** (200 words max.)

|  |
| --- |
|  |

Section 3: Consortium Expenditures by Program Area and Objective

Reflecting on what you submitted in your 2015 – 16 Annual Plan, as well as your 2015 – 16 expenditures by **Program Area** and **Objective**, estimate the funding that will go to support these efforts in the 2016 – 17 Program Year. Data collected include 2015 – 16 MOE and Consortium Allocations (Budgeted and Spent) by **Program Area**, **Objective**, and **Object Code**, as well as **Planned Expenditures** by funding source for the 2016 – 17 Program Year, as shown in the tables below.



Expenditures data must be submitted for each participating Member agency as a single a comma-separated values (.csv) file for each Consortium. To help ensure the consistency and accuracy of data collected, as well as minimize the administrative burden on Consortium Members, the AEBG Office has developed tools to support collection and reporting of Consortium expenditures data. These include a **Member Expenditures Form** that Consortia may use to collect data from Member agencies, and a **Consortium Expenditures Workbook** with built-in automations to import and export Member / Consortium data with the click of a button. Instructions for use of these tools, as well as a sample workflow document and export file may be found in **Consortium Expenditures Workbook**.

**Download Member Expenditures Form**

**Download Consortium Expenditures Workbook**

While it is not required that Consortia use these tools, expenditures data **must** be submitted in the format produced by the **Consortium Expenditures Workbook.** Consortia using other tools to produce this report are **strongly** encouraged to reach out to the AEBG Office to ensure their files meet the specifications of the AEBG Office prior to submission. Once you have prepared your Consortium Expenditures file, upload it here for submission with your 2016 – 17 Annual Plan.

/Volumes/Files/Dropbox/Screenshots/Screenshot 2016-06-27 15.17.17.png

# Section 4: Consortium Action Plan Review and Update

## Regional Assessment Plan Updates

Provide a description of your AEBG Regional Assessment Plan, i.e., how students will be appraised, placed, assessed, etc. into the regional adult system as they progress, and as they move among the various schools.

**Response**: (200 words max.)

|  |
| --- |
|  |

What tools and vendors will you be using for these activities? Responses may be entered directly into the table below. All changes are saved automatically.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Vendor** | **Participating Members** | **Core Services** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Student Data Tracking

Describe how you will track student enrollment, demographics, and performance. What system(s) will you be using? How will you collect the data from the student / classroom level? How will this system enable you to meet the targeted program outcomes?

**Response:** (200 words max.)

|  |
| --- |
|  |

List the systems used for student data tracking. Responses may be entered directly into the table below. All changes are saved automatically.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Vendor** | **Participating Members** | **Core Services** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 2015 – 16 Annual Plan Review and Update

Considering the activities proposed and / or implemented this year, please evaluate your Consortium’s effectiveness meeting the following student outcomes identified in AB104:

1. Improved literacy skills
2. Completion of high school diplomas or their recognized equivalents
3. Completion of postsecondary certificates, degrees, or training programs
4. Placement into jobs
5. Improved wages

In your responses, please include a description of your progress toward implementation of your 15 - 16 strategies. Please also be sure to highlight key successes, challenges, and any new strategies proposed as a result of lessons learned during the 15 – 16 program year.

### Objective 3: Integration and Seamless Transition

Activities and plans to align regional academic and career pathways leading to employment and student transition into postsecondary education and / or the workforce.

**Response:** (200 words max.)

|  |
| --- |
|  |

#### Objective 3 Activities

*Enter aligned activities planned for 2016 – 17 into the table below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | **Members** | **Outcomes Expected** | **Method of Assessing Impact** | **Add** | **Delete** |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |

### Objective 4: Gaps in Services

Activities and plans to address gaps in programs and services within your region.

**Response**: (200 words max.)

|  |
| --- |
|  |

#### Objective 4 Activities

*Enter aligned activities planned for 2016 – 17 into the table below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | **Members** | **Outcomes Expected** | **Method of Assessing Impact** | **Add** | **Delete** |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |

### Objective 5: Acceleration

Activities and plans to accelerate student progress toward academic and/or career goals.

**Response**: (200 words max.)

|  |
| --- |
|  |

#### Objective 5 Activities

*Enter aligned activities planned for 2016 – 17 into the table below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | **Members** | **Outcomes Expected** | **Method of Assessing Impact** | **Add** | **Delete** |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |

### Objective 6: Shared Professional Development

Activities and plans to implement collaborative professional development strategies designed to foster program alignment and support ongoing assessment and improvement of student outcomes.

**Response**: (200 words max.)

|  |
| --- |
|  |

#### Objective 6 Activities

*Enter aligned activities planned for 2016 – 17 into the table below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | **Members** | **Outcomes Expected** | **Method of Assessing Impact** | **Add** | **Delete** |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |
|  |  |  |  |  | add | delete |

### Objective 7: Leveraging Resources

Activities and plans to leverage resources to create or expand programs and services to adult learners in your region. Resources may include contributions from, or collaborations with, local Workforce Investment Boards (WIBs), industry employer groups, chambers of commerce, county libraries, etc.

**Response**: (200 words max.)

|  |
| --- |
|  |

#### Objective 7 Activities

*Enter aligned activities planned for 2016 – 17 into the table below.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | **Partners** | **Partner Contributions** | **Members** | **Outcomes Expected** | **Method of Assessing Impact** | **Add** | **Delete** |
|  |  |  |  |  |  |  | add | delete |
|  |  |  |  |  |  |  | add | delete |
|  |  |  |  |  |  |  | add | delete |
|  |  |  |  |  |  |  | add | delete |
|  |  |  |  |  |  |  | add | delete |
|  |  |  |  |  |  |  | add | delete |

# Section 5: Annual Plan Submission

As a condition of receiving AEBG funds, each Consortium must confirm they have read, understand, and agree to adhere to the measures put forth in the 2016 – 17 AEBG Program Assurances Document.

**Download 2016 – 17 AEBG Program Assurances**

**Certification** *(Required)*

* I hereby certify that the Consortium operates in a manner consistent with all legislative mandates, Consortium, and Member requirements as set forth in the by the AEBG Office and the AEBG 2016 – 17 Program Assurances Document.
* I hereby certify a) the information contained in this report is true and accurate to the best of my knowledge, b) that this Annual Plan has been approved following established Consortium governance policies, and c) that I am an official representative of the Consortium authorized to submit this Annual Plan on its behalf.

## Signature

|  |
| --- |
|  |