

**ILLINOIS COMMUNITY COLLEGE BOARD
FY 2022 ADULT EDUCATION AND LITERACY
AGENCY INFORMATION**

Indicate the Area Planning Council District and the program type. Provide additional information as requested.

Area Planning Council District #:

LWIB # & EDR Region:

Program Type:

Program Name:

Select which funding applicant is applying for: **AEFLA** **Corrections** **IELCE**

Estimated # of Students Served for AEFLA:

FY2022 Request for AEFLA:

Estimated # of Students Served for Corrections:

FY2022 Request for Corrections:

Estimated # of Students Served for IELCE:

FY2022 Request for IELCE:

FY2022 Estimated # of Students Served TOTAL:

FY2022 Total Request:

SUBMITTING AGENCY CONTACT INFORMATION

DUNS #:

Chief Executive Officer

Project Administrator

Name

Name

Agency Name

Agency Name

Agency Address (Street)

Agency/Project Address (Street)

Address (City, State, Zip Code)

Address (City, State, Zip Code)

Telephone

Fax

Telephone

Fax

Email

Email

Chief Fiscal Officer

Project Coordinator

Name

Name

Agency Name

Agency Name

Agency Address (Street)

Agency/Project Address (Street)

Address (City, State, Zip Code)

Address (City, State, Zip Code)

Telephone

Fax

Telephone

Fax

Email

Email

The above identified individuals are authorized to act on behalf of the institution with regard to the Adult Education and Literacy Program.

Signature of Chief Executive Officer

Date