

**ILLINOIS COMMUNITY COLLEGE BOARD  
FY 2024 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:**

**IELCE**

**Estimated # of Students Served for IELCE:**

**FY2024 Request for IELCE:**

**SUBMITTING AGENCY CONTACT INFORMATION**

**Chief Executive Officer**

**UEI #:**

**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**