## LOCAL WORKFORCE DEVELOPMENT BOARD REVIEW OF ADULT EDUCATION AND LITERACY GRANT APPLICATION RUBRIC FOR SEC. 231

Use the following rubric when evaluating each application. The score received on this form will be incorporated into the total score of the Sec. 231 Grant Application Review for each eligible applicant.

Position in the Community as a Representative of the LWDB

## **Review Committee Members:**

Name

| Criteria Description   | Not Aligned                | Partially Aligned                             | Fully                         | Suggestions for better |  |  |
|--|----------------------------|---|-------------------------------|------------------------|--|--|
| •  | (no evidence of            | (general evidence                             | Aligned                       | alignment              |  |  |
|  | meeting criteria provided) | provided, needing additional clarification to | (concise and                  |                        |  |  |
|  | 1 /                        | meet full alignment)                          | thoroughly developed evidence |                        |  |  |
|  |                            |   | to meet criteria)             |                        |  |  |
|  | 0.1                        | 2.2   | 4 ~                           |                        |  |  |
|  | 0-1                        | 2-3   | 4-5                           |                        |  |  |
| Instruction: Refer to the application Program Design & Leadership and compare to the Local Workforce Development Plan Form 2 –       |                            |   |                               |                        |  |  |
| "Economic and Workforce Analysis"; Form 2 – Activities Analysis; Form 3 – "Facilitate Career Pathways and Co-Enrollment"; and Form 4 |                            |   |                               |                        |  |  |
| - "Core Partners".   |                            |   | Г                             |                        |  |  |
| How well does the applicant describe its   |                            |   |                               |                        |  |  |
| responsiveness to the identified needs of the  |                            |   |                               |                        |  |  |
| geographical / service delivery areas as identified in   |                            |   |                               |                        |  |  |
| the local workforce development plan?  |                            |   |                               |                        |  |  |
| How well does the eligible provider describe their   |                            |   |                               |                        |  |  |
| recruitment and service to individuals in the  |                            |   |                               |                        |  |  |
| community who were identified in such plan(s) as   |                            |   |                               |                        |  |  |
| most in need of adult education and literacy activities,   |                            |   |                               |                        |  |  |
| including individuals who have low levels of literacy  |                            |   |                               |                        |  |  |
| skills; or are English language learners; and others   |                            |   |                               |                        |  |  |
| with barriers to employment.   |                            |   |                               |                        |  |  |

| How well does the eligible provider describe the alignment between proposed activities and services and the strategy and goals of the local plan(s) under Section 108 of the Act?  |   |  |  |   |  |  |
|--|---|--|--|---|--|--|
| Instruction: Refer to how applicants responded to questions in Community Interaction & Outreach. Compare to the Local Workforce  |   |  |  |   |  |  |
| Development Plan Form 3 – "Regional Strategies".   | T |  |  | , |  |  |
| How well does the eligible provider detail the coordination with workforce, education and postsecondary partners to reduce barriers for adults, including individuals with disabilities or other special needs, to access educational services, remove barriers and to support their academic advancement and transition to postsecondary courses or career training as it aligns with the local workforce development plan?   |   |  |  |   |  |  |
| How well does the eligible provider detail how the activities are in coordination 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 WDBs, one-stop centers, job training programs, and social service agencies, business, industry, labor organizations, community-based organizations, nonprofit organizations, and intermediaries) in the development and implementation of career pathway strategies as it aligns with the local workforce development plan? |   |  |  |   |  |  |

| <b>Instruction:</b> Refer to the overall application – in partice  | ular, the sections reviewed. |      |  |  |  |  |  |
|--|------------------------------|------|--|--|--|--|--|
| In reviewing this application for the extent to which  |                              |      |  |  |  |  |  |
| this application aligns with the local plan, what  |                              |      |  |  |  |  |  |
| would be the overall rating for this application?  |                              |      |  |  |  |  |  |
| TOTAL SCORE  |                              |      |  |  |  |  |  |
|  |                              |      |  |  |  |  |  |
| The Conflict of Interest Agreement   |                              |      |  |  |  |  |  |
| A Conflict of Interest Agreement is to be discussed prior to reviewing each application. Conflict of Interest includes any actual or appearance of conflict of interest. If a reviewer discovers a conflict of interest at any time, he/she is to report it immediately to the Point of Contact.  CONFLICT OF INTEREST THAT WOULD DISQUALIFY A REVIEWER:  He/she has a financial interest in the grant application. Example: The reader is competing for the grant.  The reviewer's spouse, child, or partner has a financial interest in a grant application. Example: The reviewer's wife is listed as a consultant for one of the applications.  The reviewer's place of employment has a financial interest. Example: The reviewer's employer is one of the providers or has an arrangement for a subcontract under the grant with a provider. |                              |      |  |  |  |  |  |
| The reviewer knows the grant provider and has formed a personal opinion, positive or negative, about the provider.  The reviewer accepts a loan or a gift from the grant provider.   |                              |      |  |  |  |  |  |
| This review has been prepared in accordance to the directions provided by the Iowa Department of Education.  |                              |      |  |  |  |  |  |
| Point of Contact (Region )   |                              | Date |  |  |  |  |  |