**Agency Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2016-2017 PROGRAM COMPONENT WORKSHEET**

**Complete for each annual budget submitted to indicate numbers served under that funding source.** Please indicate in the following table the programs offered, the projected number of students to be served who meet the NRS criteria and the projected contact hours. Academic level cells should represent an unduplicated count of students.

Family literacy programs are indicated by numbers reported in the Integrated Literacy Time parent/child and should be duplicate counts of adults reported in NRS academic levels. **These numbers should not be added in the total unduplicated count of adult students.**

|  |  |  |
| --- | --- | --- |
| **PROGRAM AREA** | **NUMBER OF STUDENTS PROJECTED\*** **2016-17** | **NUMBER OF CONTACT HOURS PROJECTED** **2016-17** |
| **Adult Basic Education** (ABE)NRS Levels 1 - 4 |  |  |
| **Adult Secondary Education** (ASE)NRS Levels 5 - 6 |  |  |
| **ABE/ASE Family Literacy Program:****Integrated Literacy time parent/child** |  |  |
| **College Transition Programs** |  |  |
| **English for Speakers of Other Languages** (ESOL) Beginning Levels(NRS levels 1 – 3) |  |  |
| **English for Speakers of Other Languages** (ESOL) Intermediate & High Levels (NRS levels 4 – 6) |  |  |
| **ESOL EL/Civics Family Literacy:** **Integrated Literacy time parent/child** |  |  |
| **I-Best Programs** |  |  |
| **Total (Unduplicated)** |  |  |

 **\*NRS Criteria:** students are counted when they have accrued 12 contact hours and have a valid pre-test.

**\_\_\_\_\_\_ Check if program is the same as described in the original application. If not checked, attach separate sheet describing changes.**