Applicant Preferences Form for Participation in the ABE DISTANCE LEARNING Program

This completed form must be included in every Community Adult Learning Center application.

All recipients of Community Adult Learning Center (CALC) grants will participate, subject to annual appropriations, in the ABE Distance Learning (ABE DL) Program during the FY2014-2017 funding cycle, on a staggered schedule. For a full description of the program, including the requirements and benefits of participation, see the information about Massachusetts’ Blended Model for Distance Learning in the 2013 Massachusetts Guidelines for Effective Distance Learning in Adult Basic Education (DL Guidelines), posted at http://www.doe.mass.edu/acls/dl/.

In the first year and each subsequent year of participation, participants will receive supplemental funds, training and ongoing support to incorporate distance learning under one of the following two options:

- **Option 1** — CALCs participating in the ABE DL Program under Option 1 must refer a minimum of 10 students to the ESE-funded DL Hub for distance instruction. Eligible students as defined in the Massachusetts DL Guidelines may also be enrolled in traditional face-to-face classes at the CALC (dual enrollment), or not. ($5,000)

- **Option 2** — CALCs participating in the ABE DL Program under Option 2 must serve a minimum of 20 students. A minimum of 10 students shall receive DL instruction at the CALC, from the CALC’s Distance Learning Coach, with a minimum of 10 students referred to the DL Hub for distance instruction. Eligible students as defined in the DL Guidelines may also be enrolled in traditional face-to-face classes at the CALC (dual enrollment), or not. ($10,000)

- Applicants may only apply for either ABE or ESOL DL funding under one of the above options.

- Pending program performance and legislative appropriation, distance learning funding will continue from the first year of the award through the final year of the CALC grant cycle.

**Although the questions below will not be scored, the information is needed for planning purposes.**

Applicant Name: ____________________________________________________________

Program Name: ____________________________________________________________

(Applicant Name and Program Name must match the names on Lines A and B respectively on the Standard Contract Form and Application for Program Grants, Program Unit Signature - Part I of Required Forms.)

Preferred First Fiscal Year of Distance Learning Implementation (choose only two)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
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</thead>
<tbody>
<tr>
<td>First Choice</td>
<td>☐</td>
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<td>Second Choice</td>
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Proposed Service Type (choose only one): ABE ☐ ESOL ☐

Proposed DL Model (choose only one): Option 1 ☐ Option 2 ☐

(See explanation of Options 1 and 2 above.)