

## Questionnaire for NEDP Funding

Complete, Sign and Return Questionnaire to be considered for SED funding.

Scan and E-Mail Questionnaire to: [HSE@nysed.gov](mailto:HSE@nysed.gov) with subject line "NEDP Agency Questionnaire."

If unable to scan and email, please send via US Postal Service to: NYSED HSE Office, Attn: NEDP Funding, 89 Washington Avenue, 460 EBA, Albany, NY 12234

Applicant must provide a response to each item and sign.

<b>Agency Name</b>	<b>Agency Mailing Address</b>	<b>Agency Phone</b>
<b>NEDP Contact Last Name</b>	<b>NEDP Contact First Name</b>	<b>NEDP Contact Email</b>
<b>NEDP Contact Mailing Address</b>		<b>NEDP Contact Phone</b>
<b>Secondary Contact Name</b>	<b>Secondary Contact Phone</b>	<b>Secondary Contact Email</b>

### A. Readiness

1.	Do you have a team of 3-5 professionals that can commit to training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you have a physical location that includes computers and internet access for student use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you currently administer the TABE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### B. Cohort

4.	How many students do you expect to enroll in the cohorts for the following years?
	2018-2019
	2019-2020

### C. Sustainability

5.	In addition to the resources that NYSED may provide to select new or expansion agencies, what financial resources does the agency have to support NEDP?
6.	<p>I have read the "NEDP Sustainability Plan" on page 18 of the "Tool Kit for NYS NEDP" and understand the need for a sustainability plan. It is our intention to have such a plan and we agree to share with NYSED the plan within 30 days.</p> <p><b>Name and Signature of individual answering questionnaire:</b></p> <p>Name _____</p> <p>Date _____</p> <p>Signature _____</p>