Carl D. Perkins Grant: Strengthening CTE for the 21st Century- Consortium Application FY 2023 SY (2022-2023)

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**DUE MAY 15, 2022**

*Kansas leads the world in the success of each student.*

Month Year



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**Contact Information**

The following information spans the grant year **2022-2023**. Eligible recipients will have the opportunity to update the application on an annual basis, when submitting the necessary forms for the upcoming year.

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| **Consortium or USD#:** Click or tap here to enter text. | | **School District or Consortium Name:** Click or tap here to enter text. | | |
| **Contact Persons for Perkins Grant:** Click or tap here to enter text. | | | | |
| **Role** | **Name & Position** | | **Telephone** | **Email Address** |
| **Perkins Coordinator** | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| **Finance/ Business Office** | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| **Data/ Institutional Reporting** | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Consortium Members’ Contact Information (You may submit a list or Excel Spreadsheet, if contains the same information)** | | | | | | |
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**Pathways and USD in Consortium**

**List all state approved pathways offered for 2022-2023**

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**Needs Assessment:**

Your Comprehensive Local Needs Assessment has been updated. You need to review this to ensure your plans tie back to the current Needs Assessment What new information in the Needs Assessment results in changes needed to your narrative, projects, activities or professional development? Please list those changes here:

Click or tap here to enter text.

**Informing Special Populations about Courses**  
**(Please update this information with any changes you have planned for 2022-2023)**

|  |  |
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| **Special Population Category** | **Year 3** |
| **Disabled** | Click or tap here to enter text. |
| **Economically Disadvantaged Families** | Click or tap here to enter text. |
| **Non-Traditional Fields** | Click or tap here to enter text. |
| **Single parents (including pregnant women)** | Click or tap here to enter text. |
| **Out of Workforce individuals** | Click or tap here to enter text. |
| **English learners** | Click or tap here to enter text. |
| **Homeless (McKinney-Vento)** | Click or tap here to enter text. |
| **Youth in or aged out of Foster Care** | Click or tap here to enter text. |
| **Youth w/ a parent on active duty in Armed Forces** | Click or tap here to enter text. |

**Career Exploration and Career Development Coursework, Activities or Services (Please update this information with any changes you have planned for 2022-2023)**

|  |
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| Describe how, in collaboration with local workforce development boards other partners, career exploration and career development coursework, activities or services will be provided. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Career Information Regarding Employment Opportunities  
(Please update with any changes you have planned for 2022-2023)**

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| Describe how, in collaboration with local workforce development boards and other partners, career information regarding employment opportunities that incorporate the most up-to-date information on high skill, high wage or in demand occupations (as determined by the local needs assessment) will be provided. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**System of Career Guidance and Academic Counseling**

**(Please update with any changes you have planned for 2022-2023)**

|  |
| --- |
| Describe how, in collaboration with local workforce development boards and other partners, an organized system of career guidance and academic counseling will be provided to students before enrolling and while participating in CTE Pathways. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Improving Academic and Technical Skills (Update this information changes for 2022-2023)**

|  |
| --- |
| Describe how you will improve the academic and technical skills of students participating in CTE programs. How will this ensure learning in the subjects that constitute a well-rounded education? This could include student and/or Professional Development activities. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Special Populations- Activities to Prepare for High Skill, High Wage or In-Demand Occupations**

**(Please update this information with any changes you have planned for 2022-2023)**

|  |
| --- |
| How will you provide activities to prepare special populations for high-skill, high wage, or in-demand occupations that will lead to self-sufficiency? *(Note: The statements that “all students have equal access” and “educators participate in IEP meetings” is not an adequate strategy to address this question and will not be approved). Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Special Populations- Non-Traditional**

(**Please update this information with any changes you have planned for 2022-2023)**

|  |
| --- |
| How will you prepare CTE participants for non-traditional fields? *(Note: The statements that “all students have equal access” and “educators participate in IEP meetings” is not an adequate strategy to address this question and will not be approved). Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Special Populations- Equal Access**

**(Please update this information with any changes you have planned for 2022-2023)**

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| How will you provide equal access for special populations to career and technical education courses, programs and programs of study. *(Note: The statements that “all students have equal access” and “educators participate in IEP meetings” is not an adequate strategy to address this question and will not be approved Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Special Populations-Discrimination**

**(Please update this information with any changes you have planned for 2022-2023)**

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| How will you ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations? *(Note: The statements that “all students have equal access” and “educators participate in IEP meetings” is not an adequate strategy to address this question and will not be approved). Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**Work-Based Learning**

**(Please update this information with any changes you have planned for 2022-2023)**

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| Describe the work-based learning opportunities that the eligible recipient will provide to students participating in the career and technical education programs and how the recipient will work with representatives from employers to develop or expand work-based learning opportunities for career and technical education students, as applicable. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
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**Post-Secondary Credit**

**(Please update this information with any changes you have planned for 2022-2023)**

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| Describe how you will provide students participating in career and technical education programs with the opportunity to gain post-secondary credit while still attending high school, such as through dual or concurrent enrollment programs or early college high school, as practicable. *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
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**CTE Professionals (Retention and Training)**

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| Describe efforts to support the Retention and Training of CTE teachers, faculty, administrators and other CTE professionals (including underrepresented groups).  *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**(Please update this information with any changes you have planned for 2022-2023)**

**CTE Professionals (Recruitment and Preparation)**

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| --- |
| Describe efforts to support the Recruitment and Preparation of CTE teachers, faculty, administrators and other CTE professionals (including underrepresented groups) *Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.* |
| Year 4 |
| Click or tap here to enter text. |

**(Please update this information with any changes you have planned for 2022-2023)**

# Signature Page

# I understand that the Carl D. Perkins Career and Technical Education Act as amended by the Strengthening Career and Technical Education for the 21st Century Act *(Perkins V)* requires that

# “*Funds allocated to a consortium formed to meet the requirements of this subsection shall be used only for purposes and programs that are MUTUALLY BENEFICIAL to ALL members of the consortium and can be used ONLY for programs authorized under this title. Such funds MAY NOT be reallocated to individual members of the consortium for purposes or programs benefitting only 1 member of the consortium*”. (Part B- Local Provisions SEC 131 (f) Consortium Requirements (2) Funds to Consortium))

# The use of funds as ADMINISTRATIVE COSTS is only allowable as related to administrative activities.

# Administration is defined as *“activities necessary for the proper and efficient performance of the eligible agency or recipient’s duties under this Act, including the supervision of such activities. Such term does not include curriculum development activities, personnel development or research activities*” (SEC. 3 Definitions).

# In addition, Perkins V states that “*each eligible recipient receiving funds under this part shall not use more than 5 percent of such funds for costs associated with the administration of activities under this section*”. (SEC. 135 Administrative Costs)

# *“Funds made available under this Act for Career and technical education activities shall supplement, and shall not supplant, non-Federal funds expended to carry out career and technical education activities”.* (SEC 211 Fiscal Requirements)

# “*Funds made available to eligible recipients under this part shall be used to support career and technical education programs that are of sufficient size, scope and quality to be effective that..*.

# *provide career exploration and career development activities through an organized, systematic framework designed to aid students, including in the middle grades, before enrolling and while participating in a career and technical education program, in making informed plans and decisions about future education and career opportunities and programs of study*

# *provide professional development for teachers, faculty, school leaders, administrators, specialized instructional support personnel, career guidance and academic counselors, or paraprofessionals,*

# *provide within career and technical education the skills necessary to pursue careers in high-skill, high-wage, or in-demand industry sectors or occupations;*

# *support integration of academic skills into career and technical education programs and programs of study to support*

# *plan and carry out elements that support the implementation of career and technical education programs and programs of study and that result in increasing student achievement of the local levels of performance established under section 113*

# *develop and implement evaluations of the activities carried out with funds under this part, including evaluations necessary to complete the comprehensive needs assessment required under section 134(c) and the local report required under section 113(b)(4)(B)*” (SEC. 135 Local Uses of Funds)

🖉\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Preparer Signature Date

🖉\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature (Superintendent or Designee) Date

**Appendix A: Pathways, Course Projects and Professional Development**

1. Identify if this is a new Pathway, by clicking in the appropriate box
2. Enter the **USD #** or “**ALL**” if all USD’s in the consortium are involved.
3. Click from the dropdown list of Pathways to identify the pathway
4. Summarize the projects, activities or PD you are planning.
5. Use the dropdown list to select a Needs Assessment Element that relates to your project or PD:
   1. Evaluation of Student Performance
   2. Size, scope and Quality of Pathways
   3. Pathway Needed due to state or local demand
   4. Recruitment, retention
   5. Special Populations- Access, Performance or Preparation
   6. Consultation or On-Going Consultation
6. Explain why you are doing these activities? Explain how this aligns to the Needs Assessment.
7. Explain why you are offering this pathway? Does this pathway align to the needs in the region based on the Needs Assessment?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is this a New Pathway? (Y/N)** | **District Involved** (*Individual districts, list by USD #. If all USD’s, list* **ALL**) | **Pathway Title *(Click on drop down to select)*** | **List the projects, activities or PD you are planning that require supplies, software and subscriptions, computing devices, equipment or PD.** | **Which Needs Assessment element does this Project or PD relate to?** | **Why are you doing these projects/ activities or offering this PD? How did the Needs Assessment align with this decision?** | **Why are you offering this Pathway? How did the Needs Assessment align with this decision?** |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item.. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| Yes  No | Click to enter text. | Choose an item. |  | Choose an item. |  |  |
| **Appendix A: Pathways, Course Projects and Professional Development (Continued)**  **LEA’s are required to list ALL State approved Career Pathways offered** | | | | | | |
| **Is this a New Pathway? (Y/N)** | **District Involved** (*Individual districts, list by USD #. If all USD’s, list* **ALL**) | **Pathway Title *(Click on drop down to select)*** | **List the projects, activities or PD you are planning that require supplies, software and subscriptions, computing devices, equipment or PD.** | **Which Needs Assessment element does this Project or PD relate to?** | **Why are you doing these projects/ activities or offering this PD? How did the Needs Assessment align with this decision?** | **Why are you offering this Pathway? How did the Needs Assessment align with this decision?** |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Yes  No | Click to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**Appendix B (1): Student Performance- Data**

###### Step 1: In Pathways, on the left-side menu, go to **REPORTS**, then go to the section titled **CAR REPORTS**. Select the last report on the list (**SUMMARY REPORT**). Select the Year (**2021**) to generate the ***Summary Report***. Record overall school Performance in Chart below:

###### **Log into** the Authenticated Applications System (KSDE Site)

###### **Select Pathways**

###### On the left-side menu, go to **REPORTS**

###### Go to the section titled **CAR REPORTS**

###### Select the last report on the list (SUMMARY REPORT)

###### Select the year (2021) to generate the Summary report. Record overall school Performance in the chart below.

###### Subtract the Performance of your students from the identified GOAL in order to identify an excess or Gap in performance.

###### DO NOT USE THE SUMMARY REPORT FOR THIS SECTION!

###### As a Consortium, you will need to average the totals for your schools to find your consortium scores.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provide a summary of the results of the comprehensive needs assessment component for Student Performance. (Needs Assessment completed Spring, 2020) *(Sec. 134(b)(1))* | | | | | | | |
| **Needs Assessment Required Component:**  Evaluation of Student Performance on Core Performance Indicators | CTE Concentrators who **graduate** high school, as measured by the four-year adjusted cohort graduation rate. | CTE Concentrator proficiency in challenging State **Academic Attainment** | | | Percentage of CTE Concentrators who, in the second quarter **after exiting** from secondary education, are in: postsecondary education, advanced training, military service or a service program (Peace Corps) or are employed. | **Non-Traditional Concentration** Percentage | Selected Indicator of CTE program quality: The percentage of CTE concentrators graduating from high school having **attained postsecondary credits** earned through a dual or concurrent enrollment program or another college transfer agreement. |
| **Performance Indicator** | **1S1  Grad. Rate** | **2S1 RLA** | **2S2 Math** | **2S3 Science** | **3S1 Placement** | **4S2 Non-Trad. Completion** | **5S2 Program Quality (Attained Postsecondary Credential)** |
| **State Goal** | **81.2** | **29.6** | **22.9** | **25.79** | **81.1** | **28.7** | **49.7** |
| **LEA Score** |  |  |  |  |  |  |  |
| **Exceed or Gap** |  |  |  |  |  |  |  |

###### Appendix B (2)- Special Population Performance Analysis

###### STEP 2

###### **Log into** the Authenticated Applications System (KSDE Site)

###### **Select Pathways**

###### On the left-side menu, go to **REPORTS**

###### Go to the section titled **CAR REPORTS**

###### Each **indicator** has its’ own report. Run a report for **each** indicator

###### The report will list a **numerator and a denominator** for each **special population**

###### Record the **numerator and denominator** for each special population under the Performance Indicator below

###### Divide the **numerator by the denominator** to determine the performance percentage

###### DO NOT USE THE **SUMMARY REPORT** FOR THIS SECTION!

###### As a Consortium, you will need to average the totals for your schools to find your consortium scores

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Academic Attainment** | | | | | | | | |
| **Performance Indicator** | **1S1 Graduation Rate (Goal: 81.2)**  **(Numerator/Denominator= %)** | | | **2S1 RLA (Goal: 29.6)**  **(Numerator/Denominator= %)** | | | **2S2 Math (Goal: 25.79)**  **((Numerator/Denominator= %)** | | | **2S3 Science (Goal: 25.79)**  **(Numerator/Denominator= %)** | | |
|  | **Numerator** | **Denominator** | **%** | **Numerator** | **Denominator** | **%** | **Numerator** | **Denominator** | **%** | **Numerator** | **Denominator** | **%** |
| Individuals with Disabilities |  |  |  |  |  |  |  |  |  |  |  |  |
| Economically Disadvantaged |  |  |  |  |  |  |  |  |  |  |  |  |
| Single parents |  |  |  |  |  |  |  |  |  |  |  |  |
| English learners |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Traditional Enrollees |  |  |  |  |  |  |  |  |  |  |  |  |
| Migrant Worker Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Homeless (McKinney-Vento) |  |  |  |  |  |  |  |  |  |  |  |  |
| Active Military Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Foster Care Youth |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | |
| **Performance Indicator** | **3S1 Placement Goal (81.1)**  **(Numerator/Denominator= %)** | | | **4S2 Non-traditional Goal (28.7)**  **(Numerator/Denominator= %)** | | | **5S2 Postsecondary Credits Goal (49.7)**  **(Numerator/Denominator= %)** | | |  |  |  |
|  | **Numerator** | **Denominator** | **%** | **Numerator** | **Denominator** | **%** | **Numerator** | **Denominator** | **%** |  |  |  |
| Individuals with Disabilities |  |  |  |  |  |  |  |  |  |  |  |  |
| Economically Disadvantaged |  |  |  |  |  |  |  |  |  |  |  |  |
| Single parents |  |  |  |  |  |  |  |  |  |  |  |  |
| English learners |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Traditional Enrollees |  |  |  |  |  |  |  |  |  |  |  |  |
| Migrant Worker Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Homeless (McKinney-Vento) |  |  |  |  |  |  |  |  |  |  |  |  |
| Active Military Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Foster Care Youth |  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix B (2)- Special Population Performance Analysis- GAP**

**Look at the Performance Data calculated for Special Populations and the Performance Data listed for CTE Concentrators for each category. Calculate the GAP. Address this as part of your action plan for special populations**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Academic Attainment** | | | | | | | | |
| **Performance Indicator** | **1S1 Graduation Rate (Goal: 81.2)**  **(Numerator/Denominator= %)** | | | **2S1 RLA (Goal: 29.6)**  **(Numerator/Denominator= %)** | | | **2S2 Math (Goal: 22.9)**  **((Numerator/Denominator= %)** | | | **2S3 Science (Goal: 25.79)**  **(Numerator/Denominator= %)** | | |
|  | **Special Pop %** | **CTE Concentrator %** | **GAP** | **Special Pop %** | **CTE Concentrator %** | **GAP** | **Special Pop %** | **CTE Concentrator %** | **GAP** | **Special Pop %** | **CTE Concentrator %** | **GAP** |
| Individuals with Disabilities |  |  |  |  |  |  |  |  |  |  |  |  |
| Economically Disadvantaged |  |  |  |  |  |  |  |  |  |  |  |  |
| Single parents |  |  |  |  |  |  |  |  |  |  |  |  |
| English learners |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Traditional Enrollees |  |  |  |  |  |  |  |  |  |  |  |  |
| Migrant Worker Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Homeless (McKinney-Vento) |  |  |  |  |  |  |  |  |  |  |  |  |
| Active Military Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Foster Care Youth |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | |
| **Performance Indicator** | **3S1 Placement Goal (81.1)**  **(Numerator/Denominator= %)** | | | **4S2 Non-traditional Goal (28.7)**  **(Numerator/Denominator= %)** | | | **5S2 Postsecondary Credits Goal (49.7)**  **(Numerator/Denominator= %)** | | |  |  |  |
|  | **Special Pop %** | **CTE Concentrator %** | **GAP** | **Special Pop %** | **CTE Concentrator %** | **GAP** | **Special Pop %** | **CTE Concentrator %** | **GAP** |  |  |  |
| Individuals with Disabilities |  |  |  |  |  |  |  |  |  |  |  |  |
| Economically Disadvantaged |  |  |  |  |  |  |  |  |  |  |  |  |
| Single parents |  |  |  |  |  |  |  |  |  |  |  |  |
| English learners |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Traditional Enrollees |  |  |  |  |  |  |  |  |  |  |  |  |
| Migrant Worker Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Homeless (McKinney-Vento) |  |  |  |  |  |  |  |  |  |  |  |  |
| Active Military Parent |  |  |  |  |  |  |  |  |  |  |  |  |
| Foster Care Youth |  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix C: Student Performance- Action Plan**

If your student’s performance (overall or by special population) does not meet the state goal, you must create an Action Plan-

* Using the charts on the two previous pages, identify indicators where student performance is not adequate.
* Identify how many percentage points the performance is below the goal (gap).
* Give a narrative of the reason your students are not reaching the goal (root cause).
* Give a narrative for your action plan to improve the performance of your students on this indicator.

This form is not necessary if all indicators are met.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Identified gaps** | **Special Populations Category (if applicable)** | **Why didn’t students meet the indicator? (Root Cause)** | **Action Plan for Improvement** |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix E (1) – Supplies Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| Supplies costing at or below $4,999 per item | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 1 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 2 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 3 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 4 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 5 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 6 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 7 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 8 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 9 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 10 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 11 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 12 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 13 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 14 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 15 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 16 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 17 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 18 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 19 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 20 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 21 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 22 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 23 |  |  |  |  | $0.00 | $0.00 | $0.00 | Choose an item. |  |
| 24 |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |
| **Appendix E (1) – Supplies (Continued) Consortium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Supplies costing at or below $4,999 per item** | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 27 |  |  |  |  |  |  |  | Choose an item. |  |
| 28 |  |  |  |  |  |  |  | Choose an item. |  |
| 29 |  |  |  |  |  |  |  | Choose an item. |  |
| 30 |  |  |  |  |  |  |  | Choose an item. |  |
| 31 |  |  |  |  |  |  |  | Choose an item. |  |
| 32 |  |  |  |  |  |  |  | Choose an item. |  |
| 33 |  |  |  |  |  |  |  | Choose an item. |  |
| 34 |  |  |  |  |  |  |  | Choose an item. |  |
| 35 |  |  |  |  |  |  |  | Choose an item. |  |
| 36 |  |  |  |  |  |  |  | Choose an item. |  |
| 37 |  |  |  |  |  |  |  | Choose an item. |  |
| 38 |  |  |  |  |  |  |  | Choose an item. |  |
| 39 |  |  |  |  |  |  |  | Choose an item. |  |
| 40 |  |  |  |  |  |  |  | Choose an item. |  |
| 41 |  |  |  |  |  |  |  | Choose an item. |  |
| 42 |  |  |  |  |  |  |  | Choose an item. |  |
| 43 |  |  |  |  |  |  |  | Choose an item. |  |
| 44 |  |  |  |  |  |  |  | Choose an item. |  |
| 45 |  |  |  |  |  |  |  | Choose an item. |  |
| 46 |  |  |  |  |  |  |  | Choose an item. |  |
| 47 |  |  |  |  |  |  |  | Choose an item. |  |
| 48 |  |  |  |  |  |  |  | Choose an item. |  |
| 49 |  |  |  |  |  |  |  | Choose an item. |  |
| 50 |  |  |  |  |  |  |  | Choose an item. |  |
| **Totals** | | | | | | $0.00 | $0.00 |  | |
| **Appendix E (2) – Software and Subscriptions Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Software and Subscriptions costing at or below $4,999 per item** | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 1 |  |  |  |  |  |  |  | Choose an item. |  |
| 2 |  |  |  |  |  |  |  | Choose an item. |  |
| 3 |  |  |  |  |  |  |  | Choose an item. |  |
| 4 |  |  |  |  |  |  |  | Choose an item. |  |
| 5 |  |  |  |  |  |  |  | Choose an item. |  |
| 6 |  |  |  |  |  |  |  | Choose an item. |  |
| 7 |  |  |  |  |  |  |  | Choose an item. |  |
| 8 |  |  |  |  |  |  |  | Choose an item. |  |
| 9 |  |  |  |  |  |  |  | Choose an item. |  |
| 10 |  |  |  |  |  |  |  | Choose an item. |  |
| 11 |  |  |  |  |  |  |  | Choose an item. |  |
| 12 |  |  |  |  |  |  |  | Choose an item. |  |
| 13 |  |  |  |  |  |  |  | Choose an item. |  |
| 14 |  |  |  |  |  |  |  | Choose an item. |  |
| 15 |  |  |  |  |  |  |  | Choose an item. |  |
| 16 |  |  |  |  |  |  |  | Choose an item. |  |
| 17 |  |  |  |  |  |  |  | Choose an item. |  |
| 18 |  |  |  |  |  |  |  | Choose an item. |  |
| 19 |  |  |  |  |  |  |  | Choose an item. |  |
| 20 |  |  |  |  |  |  |  | Choose an item. |  |
| 21 |  |  |  |  |  |  |  | Choose an item. |  |
| 22 |  |  |  |  |  |  |  | Choose an item. |  |
| 23 |  |  |  |  |  |  |  | Choose an item. |  |
| 24 |  |  |  |  |  |  |  | Choose an item. |  |
| 25 |  |  |  |  |  |  |  | Choose an item. |  |
| **Appendix E (2) Software and Subscriptions (Continued) Consortium: \_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |  |  |  |  | Choose an item. |  |
| Software and Subscriptions costing at or below $4,999 per item | | | | | | | | | |  |  |  |  | Choose an item. |  |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 26 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 27 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 28 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 29 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 30 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 31 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 32 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 33 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 34 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 35 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 36 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 37 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 38 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 39 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 40 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 41 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 42 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 43 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 44 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 45 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 46 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 47 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 48 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 49 |  |  |  |  |  |  |  |  |  |
| **Totals** | | | | | | $0.00 | $0.00 |  | |
| **Appendix E (3) – Computing Devices Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| Computing Devices costing at or below $4,999 per item | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 1 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 2 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 3 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 4 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 5 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 6 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 7 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 8 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 9 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 10 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 11 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 12 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 13 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 14 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 15 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 16 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 17 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 18 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 19 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 20 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 21 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 22 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 23 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 24 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 25 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| **Appendix E (3) Computing Devices (Continued) Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| Computing Devices costing at or below $4,999 per item | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 26 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 27 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 28 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 29 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 30 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 31 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 32 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 33 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 34 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 35 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 36 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 37 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 38 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 39 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 40 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 41 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 42 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 43 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 44 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 45 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 46 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 47 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 48 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 49 |  |  |  |  |  |  |  |  |  |
| 50 |  |  |  |  |  |  |  |  |  |
| **Totals** | | | | | $0.00 | $0.00 | $0.00 |  | |

**Appendix E (4) Optional List Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Use this list to record those items you might want to add to your purchases during the upcoming year. By getting these pre-approved, you would not need to submit a change request during the grant period if you needed to purchase items on this list. Remember, this list is for Supplies, Software and Subscriptions and Computing Devices at or below $4,999.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 1 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 2 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 3 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 4 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 5 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 6 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 7 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 8 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 9 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 10 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 11 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 12 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 13 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 14 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 15 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 16 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 17 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 18 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 19 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 20 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 21 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 22 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 23 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 24 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| **Appendix E (4) Optional List of Supplies, Software and Subscriptions, and Computing Devices (Continued) Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| Use this list to record those items you might want to add to your purchases in the upcoming year. By getting these pre-approved, you would not need to submit a *Perkins Change Request Form* during the grant period if you needed to purchase items on this list. Remember, this list is for Supplies, Software and Subscriptions and Computing Devices at or below $4,999. | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 25 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 26 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 27 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 28 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 29 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 30 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 31 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 32 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 33 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 34 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 35 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 36 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 37 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 38 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 39 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 40 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 41 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 42 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 43 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 44 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 45 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 46 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| 47 |  |  |  |  | 0.00 | 0.00 | 0.00 | Choose an item. |  |
| **Totals** | | | | | $0.00 | $0.00 | $0.00 |  | |

**Appendix F- Itemized Equipment (cost $5,000+) Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LEA MUST include 3 bids in order for equipment to be considered for approval. Equipment costing at or above $5,000 per item | | | | | | | | | |
| **#** | **USD #** | **Item Description** | **Online Link to item** | **Qty** | **Cost/ Unit** | **Amt. Pd w/ Perkins $** | **Total Cost** | **Pathway Name** | **Approved (*EPC Initials*)** |
| 1 |  |  |  |  |  |  | $ | Choose an item. |  |
| 2 |  |  |  |  |  |  | $ | Choose an item. |  |
| 3 |  |  |  |  |  |  | $ | Choose an item. |  |
| 4 |  |  |  |  |  |  | $ | Choose an item. |  |
| 5 |  |  |  |  |  |  | $ | Choose an item. |  |
| 6 |  |  |  |  |  |  | $ | Choose an item. |  |
| 7 |  |  |  |  |  |  | $ | Choose an item. |  |
| 8 |  |  |  |  |  |  | $ | Choose an item. |  |
| 9 |  |  |  |  |  |  | $ | Choose an item. |  |
| 10 |  |  |  |  |  |  | $ | Choose an item. |  |
| 11 |  |  |  |  |  |  | $ | Choose an item. |  |
| 12 |  |  |  |  |  |  | $ | Choose an item. |  |
| 13 |  |  |  |  |  |  | $ | Choose an item. |  |
| 14 |  |  |  |  |  |  | $ | Choose an item. |  |
| 15 |  |  |  |  |  |  | $ | Choose an item. |  |
| 16 |  |  |  |  |  |  | $ | Choose an item. |  |
| 17 |  |  |  |  |  |  | $ | Choose an item. |  |
| 18 |  |  |  |  |  |  | $ | Choose an item. |  |
| 19 |  |  |  |  |  |  | $ | Choose an item. |  |
| 20 |  |  |  |  |  |  | $ | Choose an item. |  |
| 21 |  |  |  |  |  |  | $ | Choose an item. |  |
| 22 |  |  |  |  |  |  | $ | Choose an item. |  |
| 23 |  |  |  |  |  |  | $ | Choose an item. |  |
| 24 |  |  |  |  |  |  | $ | Choose an item. |  |
| 25 |  |  |  |  |  |  | $ | Choose an item. |  |
| 26 |  |  |  |  |  |  | $ | Choose an item. |  |
| 27 |  |  |  |  |  |  | $ | Choose an item. |  |
| 28 |  |  |  |  |  |  | $ | Choose an item. |  |
| 29 |  |  |  |  |  |  | $ | Choose an item. |  |
| **Appendix F- Itemized Equipment Continued (cost $5,000+) Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| LEA MUST include 3 bids in order for equipment to be considered for approval. Equipment costing at or above $5,000 per item | | | | | | | | | |
| # |  | Item Description | Model Number | Qty | Cost/ Unit | Amt Pd w/ Perkins $ | Total Cost | Pathway Name | **Approved (*EPC Initials*)** |
| 30 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 31 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 32 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 33 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 34 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 35 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 36 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 37 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 38 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 39 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 40 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 41 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 42 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 43 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 44 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 45 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 46 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 47 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 48 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 49 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 50 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 51 |  |  |  |  | $ | $ | $ | Choose an item. |  |
| 52 |  |  |  |  |  |  |  |  |  |
| 53 |  |  |  |  |  |  |  |  |  |
| 54 |  |  |  |  |  |  |  |  |  |
| 55 |  |  |  |  |  |  |  |  |  |
| 56 |  |  |  |  |  |  |  |  |  |
| 57 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix G: Professional Development Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Use this list to record those professional development opportunities you want to include for the upcoming year. Pre-Approved events are already listed. | | | | |
| **District Name *(Consortiums only)*** | **Pathway Name** | **Professional Dev. Activity** | **Title/ Classification of Attendees** | **Brief Summary of the Activity (including CTSO Name when applicable)** |
|  | Choose an item. | KSDE Training- Drive in Workshops. | CTE, Perkins and Data Coordinators | KSDE-led meetings for Perkins-related staff to yield more efficient and accurate management of Perkins grants *(Pre- approved by KSDE)* |
|  | Choose an item. | K-ACTE Summer Conference | Perkins and CTE Related staff/ faculty | This conference supports those working with the Perkins Grant: CTE, Workforce Development partners, Counselors, Administrators, teachers, paras and other staff specialists. *(Pre- approved by KSDE)* |
|  | Choose an item. | KCCTE Workshops | Perkins and CTE Related staff/ faculty | Kansas Center for Career Technical Education workshops. *(Pre- approved by KSDE)* |
|  | Choose an item. | K-ACTE Workshops | Perkins and CTE Related staff/ faculty | KACTE supports those working with the Perkins Grant: CTE, Workforce Dev. partners, Counselors, Administrators, teachers, paras and other staff specialists. *(Pre- approved by KSDE)* |
|  | Choose an item. | KSDE Pathway Specific Training | Perkins and CTE Related staff/ faculty | KSDE Pathway Specific Training. *(Pre- approved by KSDE)* |
|  | Choose an item. | CTSO-related pd and competitions | Perkins and CTE Related staff/ faculty | List the name of the each CTSO and the corresponding event. *(Pre- approved by KSDE)* |
|  | Choose an item. | February CTE Conference | Perkins and CTE Related staff faculty | This conference supports those working with the Perkins Grant: CTE, Workforce Dev. partners, Counselors, Administrators, teachers, paras and other staff specialists. *(Pre- approved by KSDE)* |
|  | Choose an item. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix G: Professional Development (Continued) Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Use this list to record those professional development opportunities you might want to add in the upcoming year. By getting these pre-approved, you would not need to submit a change request during the grant period if you needed to purchase items on this list. | | | | |
| **District Name *(Consortiums only)*** | **Pathway Name** | **Professional Dev. Activity** | **Title/ Classification of Attendees** | **Brief Summary of the Activity /   (including CTSO Name when applicable)** |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |

**Appendix H: Time & Effort Certification Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA must include position description with application- this is due for EACH LEA requesting funds for salary**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this a report for a stipend/supplemental contract?  YES  NO**

**Type of Report: NEW POSITION AND SLIDING SCALE**

|  |  |  |
| --- | --- | --- |
| **Percent**  **of Time** | **Funding Stream** | **Activities** |
| % | Perkins Federal Funds |  |
| % | Other: |  |
| **100%** | **TOTAL** |  |

Time period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Salary** -- complete semi-annually (DUE DATE)
2. **Stipend** – complete **only** for the months worked on the stipend-funded project

**100% Federal Perkins Funds** –

**Multiple Funding Sources** – Complete the table (required) **monthly** for the months worked

***I certify that this report represents a true record of effort expended for this time period according to the funding stream indicated above****.*

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

(*must be signed* ***after*** *the period reported in this form*)

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*must be signed* ***on or after*** *the Employee Signature date*)

**Appendix I: Program Income Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form is only required if you used Perkins funds to purchase the equipment and/or supplies used in the generation of Program Income. If you used local funds to purchase the equipment and/or supplies used in the generation of Program income, you do NOT need to report Program Income for Perkins purposes! Consortiums need to verify with LEA’s if Perkins funded equipment or supplies are use in the generation of Program Income.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pathway Name** | **Income Source** | **Gross Income Amount** | **How was the Pathway Income Re-Invested?** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

**PROGRAM INCOME CERTIFICATION:**

I certify that all Program Income was expended prior to drawing additional federal grant funds

***Signature of Preparer*** Date

|  |
| --- |
| **Strengthening Career and Technical Education for the 21st Century Act  (Perkins V 2018)** |
| **July 1, 2022 – June 30, 2023** |
| ***Perkins V Budget FY 2023*** |

**Appendix L- Budget Summary Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Budgeted Line Items | | Projected Costs |
| **SUPPLIES; SOFTWARE AND SUBSCRIPTIONS & COMPUTING DEVICES (INCLUDING APPENDIX E1,2,3)** | | |
| 1 | Supplies (items below $5,000: Classroom Resources, Small Equipment, etc.) (***Appendix E1***) | $ |
| 2 | Software and Subscriptions (***Appendix E2***) | $ |
| 3 | Computing Devices (***Appendix E3***) | $ |
| **EQUIPMENT (*Items at Or Above $5,000 In Value Per Item- Must Submit 3 Bids*) (INCLUDING APPENDIX F)** | | |
| 4 | Equipment (items at or above $5,000, not to exceed 50% of budget) **(*Appendix F*)** | $ |
| **PROFESSIONAL DEVELOPMENT (INCLUDING APPENDIX G)** | | |
| 5 | Professional Development (Registration fees) *(Appendix G)* | $ |
| 6 | Contracted Services (Ex. Hiring a professional to lead PD) | $ |
| **TIME AND EFFORT CERTIFICATION (APPENDIX H)** | | |
| 7 | Salaries (***attach position description and Appendix H)*** | $ |
| 8 | Honorarium or Stipend (for curriculum development, etc.) (***Appendix H***) | $ |
| **TRAVEL RELATED EXPENDITURES** | | |
| 9 | Travel Expenses (Hotel, air fare, car, fuel, per diem) (Use Conus guidelines to estimate) | $ |
| 10 | Advisory Committee (travel expenses- **NO FOOD**) | $ |
| 11 | CTSO Advisor Expenses ***(travel and registration expenses for CTSO Advisor participating in PD at CTSO events)*** | $ |
| **OTHER ALLOWABLE EXPENDITURES** | | |
| 12 | **Substitutes** (due to travel for PD or curriculum writing, etc.) | $ |
| 13 | **Externships** (Teacher Internships in which a portion of teacher’s salary is paid by Perkins funds) | $ |
| 14 | **Institutional memberships** (CTE organizations and professional organizations) | $ |
| 15 | **Special Populations Expenditures** (CTE Memberships, etc.) | $ |
|  |  | $ |
|  |  | $ |
| **SUB-TOTAL OF BUDGETED ITEMS** | | $ |
|  | |  |
| **Administrative Costs** (Not to exceed 5% of allocation) | | $ |
|  | |  |
| **TOTAL EXPENSES** *(must not exceed total allocation)* | | $ |

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# Authorized Signature (Superintendent or Designee) DateAppendix M- Transfer of Secondary Funds Consortium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KANSAS DEPARTMENT OF EDUCATION**

### TRANSFER OF SECONDARY FUNDS

Use this form for transferring P.L. 105-392 *Strengthening Career and Technical Education for the 21st Century Act* (Perkins V 2018) secondary funds from one eligible recipient to another eligible agency providing service on behalf of the local education agency. Submit an original copy for each school transferring funds into a consortium.

I certify that

LEA Number and Name

is transferring all of the secondary improvement funds made available under Strengthening Career and Technical Education for the 21st Century Act (Perkins V 2018) for **fiscal year 2023** to

LEA Number and Name

The funds will be used as described in this application package.

*Authorized Administrator Transferring Funds Date*

*Authorized Administrator Receiving Funds Date*

**CONTRACTUAL PROVISIONS**

**Important:** This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision: “The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 07-19), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

1. Terms Herein Controlling Provisions: It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.
2. Kansas Law and Venue: This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.
3. Termination Due to Lack of Funding Appropriation:
   1. If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year.
   2. State agrees to give **written notice of termination** to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year.
   3. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year.
   4. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
4. Disclaimer of Liability: No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).
5. Anti-Discrimination Clause: The contractor agrees:
   1. to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116;

to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration;

***State of Kansas, Department of Administration DA-146a (Rev. 06-12)***

**CONTRACTUAL PROVISIONS CONTINUED**

* 1. Contractor agrees to comply with all applicable state and federal anti-discrimination laws and regulations;
  2. Contractor agrees all hiring must be on the basis of individual merit and qualifications, and discrimination or harassment of persons for the reasons stated above is prohibited; and
  3. if is determined that the contractor has violated the provisions of any portion of this paragraph, such violation shall constitute a breach of contract and the contract may be canceled, terminated, or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

1. Acceptance of Contract: This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
2. Arbitration, Damages, Warranties: Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose.
3. Representative's Authority to Contract: By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
4. Responsibility for Taxes: The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.
5. Insurance: The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101, et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.
6. Information: No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101, et seq.
7. The Eleventh Amendment: "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."
8. Campaign Contributions / Lobbying: Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.

***State of Kansas, Department of Administration DA-146a (Rev. 07-19)***

**Local Assurances**

**We, as an eligible recipient for funds under the Carl D. Perkins Career and Technical Education, Strengthening Career and Technical Education for the 21st Century Act hereby agree to the following assurances and contractual agreements:**

* To administer each program, service, or activity covered in this application in accordance with all applicable statutes and regulations governing Carl D. Perkins Career and Technical Education Act of 2006, and
* To be in compliance with Executive Order 11246; Title VI of the Civil Rights Act of 1964, as amended; Title IX Regulations; Section 504 of the rehabilitation Act of 1973, as amended; Individuals with Disabilities Education Act and any other federal or state laws, regulations and policies which apply to the operation of the programs. The institution does not discriminate on the basis of sex, race, color, national origin or handicap in the educational programs, services or activities being provided.
* To perform grant fund accounting, auditing monitoring procedures as may be necessary to maintain records as CTE determines to ensure fiscal control, proper management and proper expenditure of grant funds. The award recipient shall maintain books, records, documents and other evidence to summarize costs in such a manner so as to identify the costs directly with the delivery of services outlined in the approved grant application. This means that at a minimum the award recipient shall keep records which segregate the grant funds from all other funds received by the award recipient, to keep its accounting for this grant project separate from the accounting of other funds and to spend and report in accordance with the approved grant project budget by program and budget line items. It is understood that this includes invoices and other financial documentation for all paid expenses; the portion of the grant project supplied by other sources of revenue; contracts for services; and other records which facilitate effective grant compliance.
* To assure all records shall be subject at all reasonable times to inspection, review, or audit by State personnel and other personnel duly authorized by KSDE. The award recipient assures that all financial records, supporting documentation, statistical records and all other records pertinent to the grant award shall be retained by the award recipient for at least five years following the end of the grant project period.
* The award recipient assures that grant funds will not be used to supplant state or local funds.
* If the activities described in the grant application have not commenced within 60 days after acceptance of the grant award, the award recipient shall report in writing the steps taken to initiate the grant project, the reasons for delay and the expected starting date. If the activities have not commenced within 30 days of receipt of the above letter, the award recipient shall submit to CTE a further statement in writing regarding the delay. Upon receipt of the second letter, KSDE may terminate the grant, and the award recipient shall return to KSDE all unused grant funds with a complete accounting of all expenditures.
* KSDE reserves the right to terminate any grant award and cease payment to the award recipient for failure to comply with applicable laws, regulations, and/or terms of the grant assurances. Further, KSDE may seek reimbursement of any or all grant funds and may reclaim durable goods purchased with these grant funds if the award recipient fails to perform in accordance with the terms of the grant assurances and reporting requirements.
* The award recipient shall return to KSDE any grant funds not expended or encumbered by the date listed in the grant application, within 15 days after the end of the grant project period.

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*USD and Name of District Name of Consortium (if district is a Consortium Member) Date*

assures the Kansas State Department of Education of its intent to comply with the assurances and contractual agreements as outlined in this document. Further, we are willing to explain, in writing, how we intend to comply with each of these assurances and agreements.

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*Signature of Authorized Administrator Title Date*

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*Printed Name of Authorized Administrator* Address *(Street, City, State, Zip Code)*