Carl D. Perkins Final Report: Reserve Grants

 

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

Month Year

A close-up of a group of people

Description automatically generated

**Carl D. Perkins Final Report: Reserve Grant**

### Contact Information

### 

**Name of School/Agency**: Click or tap here to enter text. **USD/Consortium #** Click or tap here to enter text.

**Institution Contact**: Click or tap here to enter text. **Telephone**: Click to enter text

**E-mail address**: Click or tap here to enter text.

**Reserve grant number and name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Final Project/Budget narrative**

Please list and briefly describe the outcome of grant activities completed. List the actual results and provide an evaluation of the project.

Completed by: Click or tap here to enter text. Date: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Telephone: Click to enter text

**Please connect with your board clerk or fiscal officer to complete Report 240 section and budget below.**

**FY \_\_\_\_ Report 240**

|  |  |  |
| --- | --- | --- |
| Reserve Grant Allocation | Payment to Date | Ending Available |
|  |  |  |

**Reserve Grant Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Budgeted Line Items | | Approved Costs | Payment to Date |
| **SUPPLIES; SOFTWARE AND SUBSCRIPTIONS & COMPUTING DEVICES** | | |  |
| 1 | Supplies (items below $5,000: Classroom Resources, Small Equipment, etc.) | $ | $ |
| 2 | Software and Subscriptions | $ | $ |
| 3 | Computing Devices | $ | $ |
| **EQUIPMENT (*Items at Or Above $5,000 In Value Per Item*** | | |  |
| 4 | Equipment (items at or above $5,000) | $ | $ |
| **PROFESSIONAL DEVELOPMENT** | | |  |
| 5 | Professional Development (Registration fees) | $ | $ |
| 6 | Contracted Services (Ex. Hiring a professional to lead PD) | $ | $ |
| **TIME AND EFFORT CERTIFICATION** | | |  |
| 7 | Salaries | $ | $ |
| 8 | Honorarium or Stipend (for curriculum development, etc.) | $ | $ |
| **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 | $ | $ |
| **OTHER ALLOWABLE EXPENDITURES** | | |  |
| 12 | **Substitutes** | $ | $ |
| 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) | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **TOTAL OF BUDGETED ITEMS** | | $ | $ |
|  | | |  |
| **Administrative Costs** (Not to exceed 5% of subtotal) | | $ |  |
|  | |  |  |
| **TOTAL EXPENSES** | | $ |  |

**\*Payment to date total should match payment to date in Report 240.**

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Authorized Signature (Superintendent or Designee) Date

**Submit Electronically to:**

Helen Swanson [hswanson@ksde.org](mailto:hswanson@ksde.org)

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| For more information, contact: |  |  |
| Helen Swanson  Coordinator  Career, Standards and Assessment Services  Phone 785-296-4912  hswanson@ksde.org |  | Kansas State Department of Education  900 S.W. Jackson Street, Suite 102  Topeka, Kansas 66612-1212  [www.ksde.org](http://www.ksde.org/) |