



# CTE/ Perkins Update: 3-10-21

Kansas State Department of Education  
CTE Team

A NEW Vision for Kansas ...



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



# FY22 Perkins Application



## Contact Information

- ▲ The following information spans the grant year 2021-2022. Eligible recipients will have the opportunity to update the application on an annual basis, when submitting the necessary forms for the upcoming year.

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

We need contact information for various situations that occur throughout the year



## Pathways

List all state approved pathways offered for 2021-2022

Click on the words "*Choose an item*" and a drop-down arrow will appear on the right. Click on the drop-down arrow to access a selection of pathways.

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.

You should be able to double click on the text in the box in order to get a list of Career Pathways for you to select.



We need you to list all state approved career pathways.



## Informing Special Populations about Courses

(Please update this information with any changes you have planned for 2021-2022)

Special Population Category	Year 2
Disabled	
Economically Disadvantaged Families including low-income youth and adults	
Non-Traditional Fields	
Single parents (including pregnant women)	
Out of Workforce individuals	
English learners	
Homeless (McKinney-Vento)	
Youth in or aged out of Foster Care	
Youth with a parent who is a member of the armed forces AND is on active duty	



You only need to complete these boxes if you have **CHANGES** from what you had planned for year

## Career Exploration and Career Development Coursework, Activities or Services

(Please update this information with any changes you have planned for 2021-2022)

Describe how, in collaboration with local workforce development boards other partners, <b>career exploration and career development coursework, activities or services</b> will be provided. <i>Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.</i>
Year 2
Click or tap here to enter text.



## Career Information Regarding Employment Opportunities

(Please update with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.

## System of Career Guidance and Academic Counseling

(Please update with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.

## Improving Academic and Technical Skills

(Please update this information with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.

You only need to complete these boxes if you have **CHANGES** from what you had planned for year



## 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 2021-2022)

How will you provide <b>activities to prepare special populations</b> for high-skill, high wage, or in-demand occupations that will lead to self-sufficiency? <i>(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).</i> Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.
Year 2
Click or tap here to enter text.

## Special Populations- Non-Traditional

(Please update this information with any changes you have planned for 2021-2022)

How will you prepare CTE participants for <b>non-traditional</b> fields? <i>(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).</i> Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.
Year 2
Click or tap here to enter text.

## Special Populations- Equal Access

(Please update this information with any changes you have planned for 2021-2022)

How will you provide <b>equal access</b> for special populations to career and technical education courses, programs and programs of study. <i>(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)</i> Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.
Year 2
Click or tap here to enter text.



You only need to complete these boxes if you have **CHANGES** from what you had planned for year



## Special Populations-Discrimination

(Please update this information with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.

## Work-Based Learning

(Please update this information with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.

## Post-Secondary Credit

(Please update this information with any changes you have planned for 2021-2022)

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 2

Click or tap here to enter text.



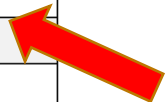
You only need to complete these boxes if you have **CHANGES** from what you had planned for year



# CTE Professionals (Retention and Training)

(Please update this information with any changes you have planned for 2021-2022)

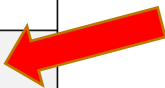
Describe efforts to support the <b>Retention and Training</b> of CTE teachers, faculty, administrators and other CTE professionals (including underrepresented groups). <i>Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.</i>
Year 2
Click or tap here to enter text.



# CTE Professionals (Recruitment and Preparation)

(Please update this information with any changes you have planned for 2021-2022)

Describe efforts to support the <b>Recruitment and Preparation</b> of CTE teachers, faculty, administrators and other CTE professionals (including underrepresented groups) <i>Additional detailed information regarding this section is found in Section 134 of the Strengthening Career and Technical Education for the 21st Century Act.</i>
Year 2
Click or tap here to enter text.




You only need to complete these boxes if you have **CHANGES** from what you had planned for year




# Perkins V FY22 Application

## Signature Page

 \_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Date



 \_\_\_\_\_  
Authorized Signature (Superintendent or Designee)

\_\_\_\_\_  
Date



**DO NOT WRITE BELOW THIS LINE**

 \_\_\_\_\_  
KSDE AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

Be sure to sign  
the application  
and have your  
Superintendent or  
Designee sign the  
application



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

Explain why you are offering this Pathway and how the Needs Assessment aligns with choosing to offer this Pathway.

Explain why you selected the projects, activities or PD and how the Needs Assessment aligns to the selection of those projects.

Double click on the words "Choose an item" and you should see a list of Needs Assessment Elements to select.

Is this a New Pathway? (Y/N)	Pathway Title (Click on drop down to select)	List the <u>projects, activities or PD you are planning</u> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item..		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		Choose an item.		

Double click on the words "Choose an item" and you should see a list of Needs Assessment Elements to select.

# Perkins V FY22 Application



## 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 (**2020**) to generate the **Summary Report**. Record overall school Performance in Chart below:

Follow the steps listed on this page to locate your Student Performance Data and record it in the chart.

Provide a <b>summary</b> 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 <u>Student Performance</u> on Core Performance Indicators	CTE Concentrators who <b>graduate</b> 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 <b>after exiting</b> 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 <b>attained postsecondary credits</b> 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 Credits)
State Goal	<b>85</b>	<b>31</b>	<b>24</b>	<b>27</b>	<b>85</b>	<b>30</b>	<b>52</b>
LEA Score							



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

Step 2: In Pathways, on the left-side menu, go to **REPORTS**, then go to the section titled **CAR REPORTS**. Each indicator has its' own report. You will need to run a report for each indicator. The report will list a numerator and a denominator for each special population. **Divide the numerator by the denominator to determine the performance percentage** AND Record Performance percentage in the Chart below:

Identify <b>existing gaps or disparities</b> in performance for each subpopulation. (Sec. 134(b)(9)) <b>(DO NOT USE SUMMARY REPORT FOR THIS SECTION!)</b>							
Performance Indicator	Academic Attainment						
	1S1 Graduation Rate	2S1 RLA	2S2 Math	2S3 Science	3S1 Placement	4S2 Non-traditional Completion	5S2 Postsecondary Credits Attained
State Goal	85	31	24	27	85	30	52
Individual with Disabilities							
Economically Disadvantaged							
Single parents							
English learners							
Non-Traditional Enrollees							
Migrant Worker Parent							
Homeless (McKinney-Vento)							
Active Military Parent							
Foster Care Youth							

Follow the steps on this page to locate your Special Population Performance Data. You will need to calculate the percentage in order to finish the chart properly.



## 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.	Click on the words "Choose an item" to get the menu of Special Populations Categories for you to select.	
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.		
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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.		

What steps will you take to address the root cause for your special populations' performance gaps?

List the gap you identified between the goal level and the special population level for the indicator.

Identify why your students in the Special Population did not reach the goal level for the indicator. What is the root cause?

Click on the words "Choose an Item" to get the menu of indicators for you to select.



## Appendix E (1) – Supplies

District: \_\_\_\_\_

Items that are not computing devices, software or subscriptions

Supplies costing at or below \$4,999 per item

#	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.	

Give a brief description of the item you are purchasing

If you have an online link to the item you are purchasing, provide it here.

Identify the number you plan to purchase.

List the cost per unit

Identify how much of the purchase will be paid for with Perkins funds.

Identify the total cost of the item.

Click on the words "Choose an item" and select the Pathway that will utilize the supplies. If it is more than one pathway, you can type over the drop down list. If it is all pathways, select "All Pathways"

This column is intended for KSDE use only



## Appendix E (2) – Software and Subscriptions

← District: \_\_\_\_\_

Include information for  
Software and  
Subscriptions

Software and Subscriptions costing at or below \$4,999 per item

#	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 (3) – Computing Devices

District: \_\_\_\_\_

Include information for  
Computing Devices

Computing Devices costing at or below \$4,999 per item

#	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.	
26				0.00	0.00	0.00	Choose an item.	
27				0.00	0.00	0.00	Choose an item.	



## Appendix E (4) – Optional List District:

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.

	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.	

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.



Appendix F- Itemized Equipment (cost \$5,000+)



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	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.	

This form is for Equipment (items costing at or above \$5,000. You must provide 3 bids with this form.



If you are a consortium, list the district names here. If all districts in your consortium will participate, list "ALL"

## Appendix G: Professional Development

Professional development opportunities you want to include for the upcoming year. Pre-Approved events are already listed.

# Perkins V FY22 Application

Click on the words "Choose an item" and you should see a list of Pathways you can select.

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.			

All of the PD pre-populated on this list are approved. You may add additional opportunities for KSDE approval in the blanks below.



# Appendix H: Time & Effort Certification

LEA must include position description with application

Employee Name: \_\_\_\_\_

Is this a report for a stipend/supplemental contract?

☐ YES ☐ NO

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Report: NEW POSITION AND SLIDING SCALE

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

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

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

- ☐ 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)

If you are including Salaries, you will need to provide a **position description** as well as using this form throughout the year.

If you are including Stipends, you will need to utilize this form throughout the year.



## Appendix I: Program Income

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!

Pathway Name	Income Source (EXAMPLE)	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

If you **use Perkins equipment and/or supplies** to create Program Income, you need to submit this form

\_\_\_\_\_  
*Signature of Preparer*

\_\_\_\_\_  
Date



# Appendix J

## Perkins Change Request

School Name: \_\_\_\_\_ USD: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Contact Person's E-Mail: \_\_\_\_\_ Contact Person's Phone: \_\_\_\_\_

This change impacts *(Select all that apply: Professional Development, Supplies, Equipment):*

<input type="checkbox"/> Professional Development				
Participant	Pathway	Event	Adding, Deleting or changing? (A, D, C)	Amount

<input type="checkbox"/> Supplies						
Item	Pathway	Course	Adding, Deleting or changing? (A, D, C)	Units	Amount	Total

<input type="checkbox"/> Supplies						
Item	Pathway	Course	Adding, Deleting or changing? (A, D, C)	Units	Amount	Total

Please explain where additional funds will be utilized or needed funds will come from if your additions and deletions or changes do not balance:

Use this form throughout the year as you need to **make changes** to your grant.



## Appendix K- Expenditure Worksheet

Use this form to identify the different categories of budget items. **According to SEC. 135. LOCAL USES OF FUNDS, (b) Requirements for Uses of Funds include:** (1) Career Exploration and Guidance; (2) Professional Development; (3) Provide the Skills necessary to pursue careers in high-skill, high-wage, or in-demand industries; (4) support Integration of Academic Skill; (5) increase Student Achievement via CTE; (6) Implement and Evaluate Activities carried out with Perkins funds (7) also corresponds to the items you addressed in the Narrative. The totals from each budget item line can be used on the Budget Summary (Appendix K)

	BUDGET ITEM	(1) Career Exploration & Guidance	(2) PD	(3) Technical Skills (Quality)	(4) Integration Academics	(5) Student Achievement	(6) Improvement/ <u>evaluate</u> Perkins Activities	(7) CTE Special Populations (5% Min.)	Total
1	Advisory Committee (no food)	\$							\$
2	Computing Devices		\$	\$	\$	\$	\$	\$	\$
3	Contracted Services								\$
4	CTSO Advisor Expenses								
5	Equipment (at or <b>above \$5,000</b> , not to exceed 50%) ( <a href="#">Appendix F</a> )								\$
6	Externships (Teacher Internships)								\$
7	Honorarium/ Stipend ( <a href="#">Appendix H</a> )								\$
8	Institutional memberships (CTE organizations)								\$
9	Prof. Dev. (Registration fees) ( <a href="#">Appendix G</a> )								\$
10	Salaries & Benefits (No more than <b>50%</b> , attach position description(s)) <b>attach position description and</b> ( <a href="#">Appendix H</a> )								\$
11	Software & Subscriptions- ( <a href="#">Appendix E2</a> )								\$
12	Substitutes								\$
13	Supplies (items below \$5,000: Classroom Resources, Small Equipment, etc.) ( <a href="#">Appendix E1</a> )								\$
14	Travel (Hotel, Per Diem, Airfare, Mileage)								\$
TOTAL FEDERAL FUND EXPENDITURES		\$	\$	\$	\$	\$	\$	\$	\$



Superintendent or Authorized Administrator's Signature



Date



Preparer's Signature

The purpose of this form is to help you ensure you are addressing all of the expectations of Perkins V.



## Appendix L- Budget Summary

**Strengthening Career and Technical Education for the 21<sup>st</sup> Century Act  
(Perkins V 2018)**

**July 1, 2021 – June 30, 2022**

**Perkins V Budget FY 2022**

Budgeted Line Items		Projected Costs
1	Advisory Committee (travel expenses- no food)	\$
2	Computing Devices ( <a href="#">Appendix E3</a> )	\$
3	Contracted Services	\$
4	CTSO Advisor Expenses	\$
5	Equipment (items at or <b>above \$5,000</b> , not to exceed 50% of budget) ( <a href="#">Appendix F</a> )	\$
6	Externships (Teacher Internships)	\$
7	Honorarium or Stipend (for curriculum development, etc.) ( <a href="#">Appendix H</a> )	\$
8	<b>Institutional</b> memberships (CTE organizations)	\$
9	Professional Development (Registration fees) ( <a href="#">Appendix G</a> )	\$
10	Salaries ( <i>attach position description and</i> <a href="#">Appendix H</a> )	\$
11	Software and Subscriptions ( <a href="#">Appendix E2</a> )	\$
12	Substitutes	\$
13	Supplies (items <b>below \$5,000</b> : Classroom Resources, Small Equipment, etc.) ( <a href="#">Appendix E1</a> )	\$
14	Travel Expenses (Hotel, air fare, car, fuel, per diem)	\$
SUB-TOTAL OF BUDGETED ITEMS		\$
Administrative Costs (Not to <b>exceed</b> 5% of allocation)		\$
TOTAL EXPENSES		\$



Authorized Signature (Superintendent or Designee)

Date

Be certain your budget does not exceed your allocation.



## Appendix M- Contractual Provisions

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

### CONTRACTUAL PROVISIONS ATTACHMENT

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. 06-12), which is attached hereto, are hereby incorporated into 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\_\_\_\_.**

- 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.
- 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.
- Termination Due To Lack Of Funding Appropriation:** 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. 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. 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. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
- 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.).
- Anti-Discrimination Clause:** The contractor agrees: (a) 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; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) 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; (f) if it is determined that the contractor has violated applicable provisions of ADA, 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. Contractor agrees to comply with all applicable state and federal anti-discrimination laws. The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total \$5,000 or less during the fiscal year of such agency.
- Acceptance Of Contract:** This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
- Arbitration, Damages, and 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.
- 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.
- 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.
- 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 any 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.
- 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.
- 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."
- 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.

These Contractual Provisions outline the parameters of the agreement with the state of Kansas regarding these Federal Funds.



## Appendix N- Local Assurances

### Local Assurances/Contractual Agreements

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 June 30, 2021, within 15 days after the end of the grant project period.



Name of District/Consortium

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.



Name or Signature of Authorized Administrator

Title

Date

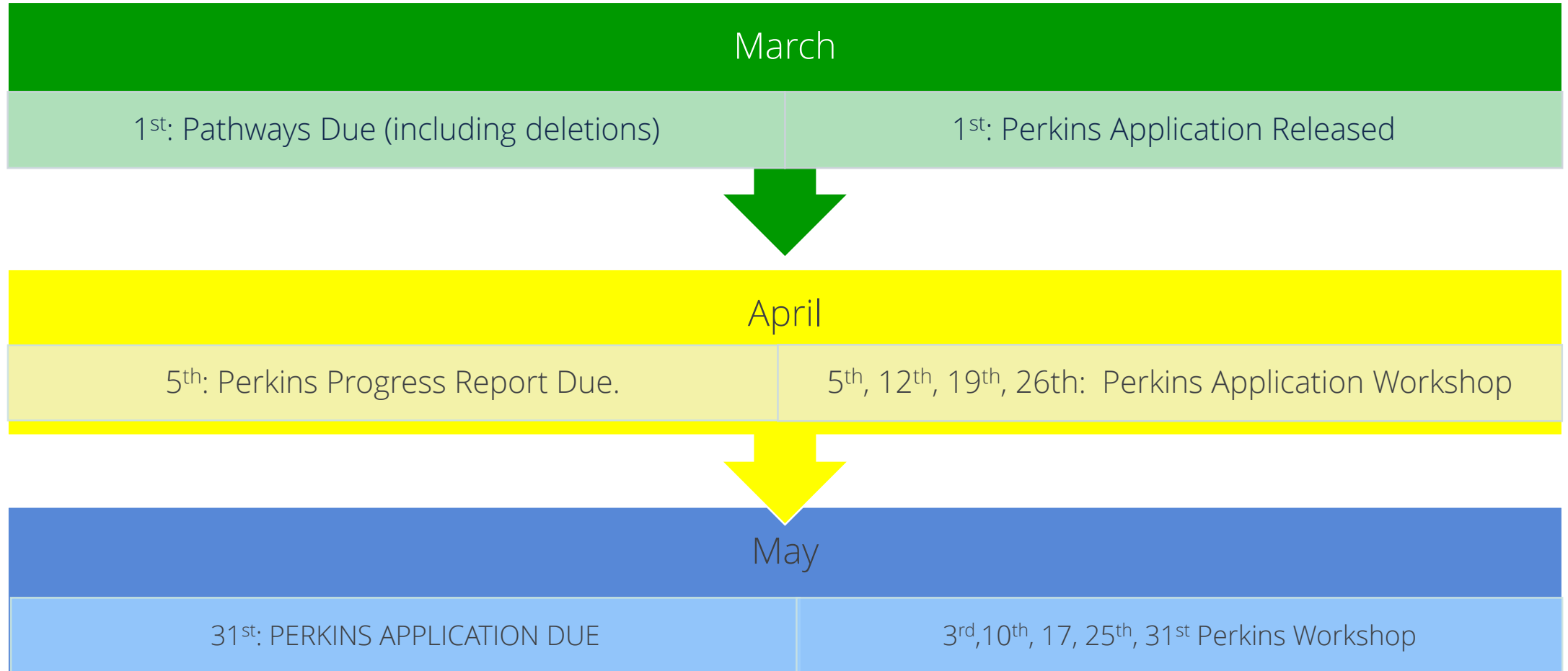


Address (Street, City, State, Zip Code)

Districts and Consortia must agree to these assurances in order to receive funds.



# Spring Timeline



# Questions?



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Kathleen T. Mercer  
*Coordinator - Perkins*  
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The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

