# The Strengthening Career and Technical Education for the 21st Century Act

# (Perkins V – Postsecondary)

Fiscal Year 2021

Application

Due: June 17, 2020



The New York State Education Department

**Non-Discrimination Statement**

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**Preparing the 2021 *Application* for Submission**

1. **The *Application* must be complete to be considered for funding. Applicant institutions may not alter or delete any portion, formatting (except as directed), or instructions of this *Application*. Doing so will render the *Application* incomplete and require resubmission of the entire *Application*.** 
   1. For information and guidance about the Grant, refer to the *Guidelines*.
   2. Submit the completed *Application*; do not submit the *Guidelines*.
   3. Activities and expenditures proposed in this *Application* must correspond with institutional needs as determined in the *Comprehensive Local Needs Assessment*.
   4. The maximum number of Goals is five, including Goal 1, which must serve Students with Disabilities. *Applications* with more than five Goals will be returned for revisions.
   5. The *Application* has no page limit; number all pages consecutively.
   6. Pages must be printed single-sided, and not back-to-back.
   7. Submit with the *Application* all Memorandums of Understanding (MOUs) and/or Articulation Agreements (established since July 1, 2019) with secondary schools, Local Education Agencies, institutions of higher education, and/or BOCES programs.
2. The *Application* must be **e-mailed and postmarked** by June 17, 2020 to be considered for funding.
3. The *Application* must include a completed FS-10 Form with original signature in blue ink.
   1. The FS-10 Form is located at <http://www.oms.nysed.gov/cafe/forms/>
      1. Under the Budgets heading, select this version of the form:

FS-10 in [Excel](about:blank) Excel File (124 KB) - *recommended; please enable macros*

1. The *Application* includes a Checklist. Use this document to confirm that the *Application* is complete prior to submission, and submit it with the *Application*.
2. The hard copy *Application* package must include:
   1. One complete original set of required materials with the President or Chief Executive Officer (CEO)’s original signature in blue ink
   2. Three additional copies of the FS-10

**Submitting the 2021 *Application***

1. E-mail the complete *Application* to: [PSPerkins@nysed.gov](about:blank)
2. Mail a hard copy of the complete *Application* to:

Jeff Moretti [OR] Melissa Weltz

New York State Education Department

Office of Postsecondary Access, Support and Success

89 Washington Avenue, Room EBA 971 – Perkins Grant

Albany, NY 12234

**Checklist for the Grant Year *Application* – 2021**

All parts of the *Application* must be filled out completely before the *Office of Postsecondary Access, Support and Success* can approve it.

Submit this page as part of the *Application*.

|  |  |  |
| --- | --- | --- |
| **Item** | **Page** | **Document** |
| 1 | 4 | Grant Application Information Form |
| 2 | 5 | Attestation of Compliance |
| 3 | 6 | Designated Signatory Form |
| 4 | 7 | Management Plan Form |
| 5 | 8 | Membership Form for the Perkins Local Advisory Council |
| 6 | 9 | CLNA Link to Goals Chart |
| 7 | 10 | Programs of Study |
| 8 | 12 | Uses of Funds |
| 9 | 13 | Goal Format(s) |
| 10 | -- | FS-10 (Budget) |
| 11 | -- | Budget Narrative |
| 12 | -- | Minutes from the last two LAC Meetings |
| 13 | -- | Tentative Agendas for the next LAC Meetings |
| 14 | -- | Organizational Chart(s) |
| 15 | -- | Memorandums of Understanding/Articulation Agreements established since July 1, 2019 |

**Grant Application Information Form – 2021**

**Fiscal Year 2020** (July 1, 2020 – June 30, 2021)

Perkins V Formula Allocation – Postsecondary Institutions

Project Number: 8000-21-

Institution/Consortium Name:

Name of Perkins Grant Officer:

Title:

Address:

City:

State: NY

Zip Code:

Telephone:

Fax:

E-mail address:

Name of President:

Address:

City:

State: NY

Zip Code:

Telephone:

Fax:

E-mail address:

**Attestation of Compliance – Perkins V Formula Funded Grant Award – 2021**

**By accepting Perkins V funding, Grant recipients agree to comply with the Strengthening Career and Technical Education for the 21st Century Act (Perkins V) 2021 Guidelines, and with the following documents contained therein:**

* + - 1. **Conditions and Requirements of Accepting Perkins Funding**
      2. **Statement of Assurances**
      3. **Assurances and Certifications for Federal Program Funds**

As the duly authorized representative of the applicant, I hereby certify and attest that the applicant will comply with the above certifications.

|  |
| --- |
| Name of the Applicant Institution/Consortium: |
|  |
| Name of the President: |
|  |
|  |
| President’s Signature (in blue ink) |
|  |
| Date: |

**Designated Signatory Form – 2021**

The President/Chief Operating Officer of the applicant institution must sign this *Application*.

However, this Designated Signatory Form allows the President/CEO of an institution to designate one or two other individuals to sign other Perkins documents in the President/CEO’s stead, should the President/CEO be unavailable to sign.

By signing any Perkins Grant documentation, the Designated Signatory accepts responsibility for informing the institution’s President/CEO, Perkins Grant Officer, and any other appropriate parties about all relevant and necessary Perkins Grant information and updates. Further, the Designated Signatory takes responsibility for the Perkins matters at hand on behalf of the President/CEO.

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name: | | | |
|  | | | |
| President’s/CEO’s Name: | | | |
| President’s/CEO’s Title: | | | |
| President’s signature: | | |  |
|  | | |  |
| First Designated Signatory | | | |
| Name: | | | |
| Title: | | | |
| Contact information: | | | |
|  | | | |
| Signature: | |  | |
|  | |  | |
| Second Designated Signatory | | | |
| Name: | | | |
| Title: | | | |
| Contact information: | | | |
|  | | | |
| Signature: |  | | |
|  |  | | |

**Management Plan Form – 2021**

**Grant Officer Name:**

**Title:**

**Backup Individual:**

**Title:**

**Contact Information:**

Should the Grant Officer depart, the institution must immediately assign administration of the Grant to another individual, and if necessary begin the process of finding a long-term replacement. Provide the name of the person who will immediately assume the Grant Officer’s responsibilities should the Grant Officer depart.

**Process for Grant Officer Replacement:**

Provide a detailed description of the process for finding a long-term replacement Grant Officer, including timelines. This may involve Human Resources Office processes, assignment by a CEO, etc.

**Related Program Administrators:**

Provide the names and titles of the persons responsible for services for special populations, fiscal activities, program outcomes, participation in the local One-Stop delivery system, and any related administrative positions, along with their responsibilities. *This section must describe the responsibilities of all related program administrators.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Responsibilities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Organizational chart:**

Provide an organizational chart designating reporting lines at the end of the *Application*.

**Organizational chart (consortium)**: If the institution is a member of a consortium, provide an organizational chart designating reporting lines for consortium members at the end of the *Application*.

**Membership Form for the Perkins Local Advisory Council – 2021**

For instructions, refer to **Directions for Developing a Perkins Local Advisory Council – 2021** in the *Guidelines.*

|  |  |
| --- | --- |
| Institution: | Last two meeting dates: |
| Chairperson: | Next two meeting dates: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name** | **Title** | **Name and Address of Business or Association** | **Group # (1-7)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**Comprehensive Local Needs Assessment Link to Goals Chart – 2021**

**The institution shall focus Perkins funding on the needs identified in Section 6 of the Comprehensive Local Needs Assessment (CLNA) Summary.** Since the CLNA covers two years, needs identified in the CLNA Summary may be addressed in the 2020-2021 **and/or** 2021-2022 program years. The institution must explain during which year(s) it will address which needs.

**Programs with the most need according to the CLNA shall be addressed in one or more of the institution’s Goals unless the institution or another source of funding will support that program, or unless the institution commits to funding those needs in the 2021-2022 Grant Year.** **The institution must demonstrate that these other sources of funding will sufficiently address those programs in order to justify spending Perkins funds on the next most important needs.**

Complete a separate **chart** for EACH Identified Need. Add lines to the charts as necessary.

**Directions:**

* + - 1. List the identified need from the CLNA Summary.
      2. List which year(s) this need will be addressed (2021, 2022, or both).
      3. List the programs with this specific need and identify which Goal(s) (numbers 1-5) will address this need.
      4. In cases in which the institution or another funding source will address a need listed in the CLNA Summary, identify those other sources of funding.
      5. Describe how the other sources of funding will address needs identified in the CLNA Summary.

Identified Need #\_\_:

Year(s) This Need will be Addressed (2021 and/or 2022):

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Perkins-Funded Goal #(s)** | **Other Funding Source** | **How Other Funding Sources Address Needs** |
|  |  |  |  |
|  |  |  |  |

**Programs of Study – 2021**

Perkins V requires each eligible recipient to have a minimum of one program of study as defined in the law Section 3(41). Using the definition below, each applicant institution must determine which of its programs meet all the criteria and list these in the chart below.

(41) PROGRAM OF STUDY.—The term ‘program of study’ means a coordinated, nonduplicative sequence of academic and technical content at the secondary **and** postsecondary level that— (A) incorporates challenging State academic standards, including those adopted by a State under section 1111(b)(1) of the Elementary and Secondary Education Act of 1965; (B) addresses both academic and technical knowledge and skills, including employability skills; (C) is aligned with the needs of industries in the economy of the State, region, Tribal community, or local area; (D) progresses in specificity (beginning with all aspects of an industry or career cluster and leading to more occupation-specific instruction); (E) has multiple entry and exit points that incorporate credentialing; and (F) culminates in the attainment of a recognized postsecondary credential.

List the programs of study at the institution that meet this **federal** **definition**. Indicate whether Perkins funds will be used to support these programs during the 2021 Grant Year. \*Note that funds must be used based on the outcomes of the CLNA.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Program Name** | **HEGIS Code** | **Perkins Funded [YES or NO]** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

List all **New York State registered** CTE programs within the HEGIS range 5000-5599 at the institution. Indicate whether Perkins funds will be used to support these programs during the 2021 Grant Year: \*Note that funds must be used based on the outcomes of the CLNA.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Program Name** | **HEGIS Code** | **Perkins Funded [YES or NO]** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Uses of Funds – 2021**

Provide responses to each of these items.

1. Describe how the institution in collaboration with local workforce development boards and other local workforce agencies, and other partners will provide (A) career exploration and career development coursework, activities, or services; (B) career information on employment opportunities that incorporate the most up to-date information on high-skill, high-wage, or in-demand industry sectors or occupations, as determined by the comprehensive needs assessment; and (C) an organized system of career guidance and academic counseling to students before enrolling and while participating in a career and technical education program.
2. Describe how the institution will improve the academic and technical skills of students participating in career and technical education programs.
3. Describe how the institution will (A) provide activities to prepare special populations for high-skill, high-wage, or in-demand industry sectors or occupations that will lead to self-sufficiency; (B) prepare CTE participants for non-traditional fields; (C) provide equal access for special populations to career and technical education courses, programs, and programs of study; and (D) ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations.
4. Describe how students, including students who are members of special populations, will learn about CTE programs at the institution.
5. Provide a description of the work-based learning opportunities that the institution will provide to students participating in career and technical education programs and how the institution will work with representatives from employers to develop or expand work-based learning opportunities for career and technical education students, as applicable.
6. Provide a description of how the institution will support the recruitment, preparation, retention, and training, including professional development, of teachers, faculty, administrators, and specialized instructional support personnel and paraprofessionals, including individuals from groups underrepresented in the teaching profession.

1. Provide a description of how the institution will address disparities or gaps in performance on State determined levels of performance in each of the plan years.

**Goal Format – 2021**

**Based on the data, needs, and gaps identified in the institution’s CLNA, identify up to five Goals, the first of which must serve Students with Disabilities. These Goals will drive the direction and vision for CTE at the institution.**

Complete a separate **Goal Format** for EACH proposed Goal. The first Goal must address how the institution will support Students with Disabilities with a minimum of 5% of its total allocation. Additional Goals must provide funding and services to programs identified by the CLNA Summary as most in need. The maximum number of additional Goals is four for a total of up to five Goals.

* + - 1. **Institution/Consortium Name:**
      2. **Goal Number: of**
      3. **Goal Title:**
      4. **Goal Director:**

Title:

Telephone Number:

E-Mail Address:

* + - 1. **Goal Narrative:**

1. List the CTE program(s) this **Goal** will address.
   1. Explain the rationale for addressing these programs based on the results of the CLNA.
2. Provide the projected number of CTE students this **Goal** will serve.
3. List the Core Indicator(s) of Performance this **Goal** will address.
4. Identify which **Uses of Local Funds** this **Goal** will include (see the *Guidelines* for the complete list of Uses of Local Funds). The institution is not required to address all six of the Uses of Local Funds.

☐ 1. Offering students career exploration and career development activities

☐ 2. Providing professional development for faculty, administrators, specialized instructional support personnel, career guidance and academic counselors or paraprofessionals

☐ 3. Building the skills students need to pursue careers in high skill, high wage, or in-demand industry sectors or occupations

☐ 4. Supporting integration of academic skills into CTE programs and programs of study

☐ 5. Planning and carrying out elements that support the implementation of CTE programs and programs of study that result in increasing student achievement.

☐ 6. Developing and implementing evaluations of the activities carried out with Perkins funds

1. Describe any coordination with external agencies, especially workforce representatives.

**6.) Goal Chart:**

**a)** In the chart below, enter the following information.

* 1. Describe the Goal’s **Objectives** in measurable terms.
  2. Describe the **quantitative** **Evaluation Measures** the institution will use to determine whether the **Goal**’s **Objectives** have been achieved. If the institution is in the process of creating a baseline, indicate the anticipated outcome in percentage form.
     1. Provide the most recent data, as well as the goal for improvement in both percentage form and numerical form.
     2. NYSED cannot accept as Evaluation Measures the results of **surveys** designed to measure student or faculty satisfaction.

|  |  |
| --- | --- |
| **Objective** | **Evaluation Measure(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

**7.) Goal Timeline:**

**a)** In the chart below, provide a Goal Timeline, noting significant Activities, month-to-month.

i. Describe the **Activities** that will help the institution achieve the Objectives.

ii. Include the **positions of the people responsible** for managing the Objectives and Activities.

|  |  |  |
| --- | --- | --- |
| **Month** | **Activities** | **Persons Responsible** |
| July 2020 |  |  |
| August 2020 |  |  |
| September 2020 |  |  |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |
| April 2021 |  |  |
| May 2021 |  |  |
| June 2021 |  |  |

1. **Goal Staff:**

List the names and titles of all persons who will be assigned to and funded to address this Goal (add lines as necessary). Show the Full-Time Equivalent of each person’s time devoted to this **Goal**. Indicate **Goal** salary, but do not include fringe benefits. Prepare and keep on file statements of the job qualification requirements for each vacant position, curriculum vitae for incumbents, and curriculum vitae for all consultants. Do not submit these documents with the *Application*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Time (in FTE)** | **Salary** |
|  |  |  |  |
|  |  |  |  |

1. **Goal Budget:**

Costs shown below must also appear coded to this **Goal** on the FS-10 budget.

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Goal Costs** |
| Professional Salaries | 15 | $ |
| Non-Professional Salaries | 16 | $ |
| Purchased Services | 40 | $ |
| Supplies and Materials | 45 | $ |
| Travel Expenses | 46 | $ |
| Employee Benefits | 80 | $ |
| Indirect Costs | 90 | $ |
| Minor Remodeling | 30 | $ |
| Equipment | 20 | $ |
| **Goal Total** |  | $ |