|  |  |
| --- | --- |
| **Carl D. Perkins IV Career & Technical Education**  **One-Year Extension**  **Non-competitive Grant Application**  **2018-19** | |
| **Seal with the outer ring that reads: The University of the State of New York**Purpose of Grant Funds | The federal Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV) provides grants to improve the quality of career and technical education (CTE). Applications for Perkins IV extension year funds must describe how grant monies will support the development of programs that:   * integrate rigorous academics with career and technical instruction; * link secondary education and postsecondary education to prepare students for high-skill, high-wage, high-demand occupations in current or emerging occupations; and * enable participating students to meet or exceed performance standards emphasized by Perkins IV. |
| Eligible applicants and allocation information | Public school districts and Boards of Cooperative Educational Services (BOCES) that are returning applicants are eligible agencies for secondary Perkins funds. They must offer or be completing the re-approval of programs that meet the requirements for a Regents CTE Approved Program. Perkins funds are allocated by a statutory formula that is based upon the number of individuals ages five to seventeen in a school district, with greater weighting to those individuals who are below the poverty line (source 2016 U.S Census data. Current allocations are found at [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html)). Until allocations are updated by the United States Education Department (USED), we ask that last year’s funding levels be used as an estimate. Actual funding levels have not been finalized by USED.  First-time Applicants: First-time applicants will not be eligible to apply for 2018-19 Perkins funds. Only previously funded entities are eligible during an extension year of the legislation. Questions can be directed to: Deb Reiter, 518-486-1547 |
| Questions | Questions must be submitted in writing to: [emsccte@nysed.gov](mailto:emsccte@nysed.gov). SED will post answers on the [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html). |
| **Application deadline: June 28, 2018** | **E-mail one electronic copy (in Word format)** to [EMSCCTE@nysed.gov](mailto:EMSCCTE@nysed.gov)  and  **Mail original** (signatures in blue ink) to:  New York State Education Department  89 Washington Avenue  Career and Technical Education Office 315EB—Attn: Perkins Grants  Albany, NY 12234 |

## Carl. D. Perkins Career & Technical Education Improvement Act of 2006: Table of Contents

[Carl. D. Perkins Career & Technical Education Improvement Act of 2006: Table of Contents 2](#_Toc514244372)

[Application Components 4](#_Toc514244373)

[I(a). Transmittal Letter 6](#_Toc514244374)

[New for the 2018-19 Application: 6](#_Toc514244375)

[Executive Summary 6](#_Toc514244376)

[I(b1). Perkins IV Cover Page Fiscal Agent Signature Required 7](#_Toc514244377)

[I(b2): Consortium Participation: Consortium Fiscal Agent’s Signature Required 8](#_Toc514244378)

[I(b3) Consortium Fund Use Agreement: Chief School Officer’s Signature Required 10](#_Toc514244379)

[II. Implementation of Local CTE Plan: One-Year Extension 11](#_Toc514244380)

[Local Plan Form A: Local Advisory Participation 12](#_Toc514244381)

[Local Plan Form K-Update: Linking Programs to Postsecondary CTE 17](#_Toc514244382)

[Local Plan Narrative Form L Update: Linking to Postsecondary Programs & Career Path Counseling 18](#_Toc514244383)

[Local Plan Narrative Form M Update: Equity Provisions 19](#_Toc514244384)

[III. Planning for Program Improvement 20](#_Toc514244385)

[Performance Indicators and Plan for Program Improvement 22](#_Toc514244386)

[IV. Major Effort Description, Expenditures and Budget Details 33](#_Toc514244387)

[Major Effort 1 Description 34](#_Toc514244388)

[Major 1 Effort by Population and Timeframe 36](#_Toc514244389)

[Major Effort 1 Perkins Mandated Activities 37](#_Toc514244390)

[Major Effort 1 Budget 38](#_Toc514244391)

[Budget Code Definitions 39](#_Toc514244392)

[Major Effort 1 Employee Benefits Worksheet, Code 80 40](#_Toc514244393)

[Major Effort 1 Indirect Cost, Code 90 Worksheet 41](#_Toc514244394)

[Auto-Calculated Budget summary for All Major Efforts 42](#_Toc514244395)

[V. FS-10 Proposed Budget for Federal or State Grant form submission 42](#_Toc514244396)

[VI(a). Statement of Assurances for Secondary Perkins Basic Grant Recipients 2018-19: Chief School Officer’s Signature Required 43](#_Toc514244397)

[VI(b). Certifications Regarding Lobbying; Debarment, Suspension, Other Responsibilities & Drug-Free Workplace Requirements 44](#_Toc514244398)

[VI(b). Certifications: Chief School Officer’s Signature Required 46](#_Toc514244399)

[Attachment A: Forms for Major Efforts 2-4 50](#_Toc514244400)

[Major Effort 2 Description 50](#_Toc514244401)

[Major Effort 2 by Population and Timeframe 52](#_Toc514244402)

[Major Effort 2 Perkins Mandated Activities 53](#_Toc514244403)

[Major Effort 2 Budget 54](#_Toc514244404)

[Major Effort 2 Employee Benefits Worksheet, Code 80 56](#_Toc514244405)

[Major Effort 2 Indirect Cost, Code 90 Worksheet 57](#_Toc514244406)

[Major Effort 3 Description 58](#_Toc514244407)

[Major Effort 3 by Population and Timeframe 60](#_Toc514244408)

[Major Effort 3 Perkins Mandated Activities 61](#_Toc514244409)

[Major Effort 3 Budget 62](#_Toc514244410)

[Major Effort 3 Employee Benefits Worksheet, Code 80 63](#_Toc514244411)

[Major Effort 3 Indirect Cost, Code 90 Worksheet 64](#_Toc514244412)

[Major Effort 4 Description 65](#_Toc514244413)

[Major Effort 4 by Population and Timeframe 67](#_Toc514244414)

[Major Effort 4 Perkins Mandated Activities 68](#_Toc514244415)

[Major Effort 4 Budget 69](#_Toc514244416)

[Major Effort 4 Employee Benefits Worksheet, Code 80 71](#_Toc514244417)

[Major Effort 4 Indirect Cost, Code 90 Worksheet 72](#_Toc514244418)

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, or genetic predisposition or carrier status, or sexual orientation in its educational programs, services and activities. Inquiries regarding this policy of nondiscrimination should be directed to the Office of Human Resources Management, Room 528 EB, Education Building, Albany, New York 12234.

Administration of federally funded projects: The Omni Circular

The federal Office of Management and Budget issued final guidance on Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in the Federal Register on Thursday, December 26, 2013.  2 CFR Chapter I, Chapter II, Part 200, et al. [(78 FR 78590)](https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards).

This final guidance supersedes and streamlines requirements from OMB Circulars A-21, A-50, A-87, A-89, A-102, A-110, A-122, and A-133.  The final guidance consolidates the guidance previously contained in the aforementioned citations into a streamlined format that aims to improve both the clarity and accessibility.

For reference, the Uniform Guidance is broken down into its following subparts:

Preamble—[Major Policy Reforms](https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards#h-10)  
Subpart A (200.0–200.99)  [Acronyms and Definitions](http://www.ecfr.gov/cgi-bin/text-idx?SID=f2a2667ffbf7735807746b945397146f&node=2:1.1.2.2.1.1&rgn=div6)  
Subpart B (200.100–200.113) [General Provisions](http://www.ecfr.gov/cgi-bin/text-idx?SID=60623b20e6213558b4aa6ab7eb76b619&node=2:1.1.2.2.1.2&rgn=div6)  
Subpart C (200.200–200.211)  [Pre Award Requirements](http://www.ecfr.gov/cgi-bin/text-idx?SID=60623b20e6213558b4aa6ab7eb76b619&node=2:1.1.2.2.1.3&rgn=div6)  
Subpart D (200.300–200.345) [Post Award Requirements](http://www.ecfr.gov/cgi-bin/text-idx?SID=60623b20e6213558b4aa6ab7eb76b619&node=2:1.1.2.2.1.4&rgn=div6)  
Subpart E (200.400–200.475)  [Cost Principles](http://www.ecfr.gov/cgi-bin/text-idx?SID=60623b20e6213558b4aa6ab7eb76b619&node=2:1.1.2.2.1.5&rgn=div6)  
Subpart F (200.500–200.521) [Audit Requirements](http://www.ecfr.gov/cgi-bin/text-idx?SID=60623b20e6213558b4aa6ab7eb76b619&node=2:1.1.2.2.1.6&rgn=div6)(includes Appendices I-XI)

Application Reminders

**Five-year plan updates:** Required updates to the five-year plan include: Description of: 1). recent activities in linking programs to postsecondary education and, 2). equity provisions. This change is to ensure continued compliance with these provisions of the legislation.

**Major efforts:**  Make sure to select the objective for your major effort from the list of nine Perkins-mandated activities. This will give a more focused view of state-wide compliance with Perkins mandates.

* The maximum number of major efforts that can be funded is limited, see Section IV.
* Action steps to be taken in a major effort will be limited to five. This change is intended to improve program

monitoring.

The Perkins application requires completion of two grant budget forms:

1. **Budget detail**—contained in this application. Budget items (codes) are organized by major effort. Employee benefits (Code 80) or indirect costs (Code 90) are recorded on separate worksheets, which will populate the major effort budget (i.e., direct data entry of these items is not possible). The major effort budget tables populate an overall grant budget table that can be used as a reference when completing the Grants Office Form FS-10.
2. **FS-10 form**—found on the [Grants Office page](http://www.oms.nysed.gov/cafe/forms/) .

**Application Mechanics**

* *Required electronic submission:* Fields in some of the forms will update our database. Only submissions of the Word version of this application can be accepted (we are unable to use the PDF format).
* *Auto-calculation fields:* Some fields in budget forms will calculate totals. Fields appearing with a “0” as the default will not accept data entry.
* *Application navigation:*  Once opened from the webpage, save the application to your computer in order to complete the form fields. To navigate from section to section, the navigation panel can be used by clicking on the section titles. To follow links, remember to use “ctrl” + click. To move from one cell to the next in the tables, use the “tab” or arrow keys. Other reminders are found in brackets [like this].

# Application Components

The application package aligns with federal requirements found in Sections 134 and 135 of the [Perkins Legislation.](http://www.gpo.gov/fdsys/pkg/PLAW-109publ270/html/PLAW-109publ270.htm) Complete applications consist of elements found in the checklist below.

Application Checklist

|  |  |  |
| --- | --- | --- |
| **I(a)**  **I(b1-3)** | Transmittal Letter  Perkins Cover Page, Consortium Participation and Fund Use Agreement |  |
| **II.** | *Five-Year CTE Plan Update:*  Provided through Plan Forms and Narratives A, K, L and M |  |
| **III.** | Planning for Program Improvement Forms |  |
| **IV.** | *Major Effort Description, Expenditure and Budget Forms—for*  documenting program activities and their associated costs |  |
| **V.** | *FS-10, Proposed Budget for Federal or State Grant form—*for processing payment  Excel FS-10 form found on the [Grants Office Page](http://www.oms.nysed.gov/cafe/forms/) |  |
| **VI.** | *Assurances and Certifications*  (a). Statement of Assurances  (b). Certification Regarding Lobbying, Debarment, Suspension |  |
| **If needed**  **Attachment A** | A. Forms for Major Efforts 2-4 |  |

E-mail one electronic copy (in Word) to [EMSCCTE@nysed.gov](mailto:EMSCCTE@nysed.gov)

Mail one hard copy with original signatures to:

New York State Education Department

Career & Technical Education Office 315EB

89 Washington Avenue

Albany, NY 12234

## I(a). Transmittal Letter

The transmittal letter must be included with the application; it is the formal request to apply for Perkins IV CTE funding for the upcoming academic year. Letters must:

1. be on the agency’s letterhead and signed (in blue ink), by the chief school officer
2. request Perkins IV funding for CTE programs for the upcoming school year.

### New for the 2018-19 Application:

### Executive Summary

|  |
| --- |
| In a few sentences, describe the core ideas driving or focusing your grant application. What major areas of improvement are you targeting and how were they identified? |
|  |

## I(b1). Perkins IV Cover Page Fiscal Agent Signature Required

**BEDS or Agency Code**

**Project Number**

**Program Year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | | | **Secondary Program of an LEA**  **Consortium (see, required forms for members)** | | | |
| **Address** | | | | | | |
| **City** | | **County** | | | | **Zip Code** |
| **Contact Person** | | | | **Telephone** | | |
| **E-Mail** | | | | **FAX** | | |
| I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, Assurances and Certifications, and that the requested budget amounts are necessary for the implementation of this project.  It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | | | | | |
| Superintendent/District Superintendent’s signature (**in blue ink**) | | | | | | |
| Printed name: | | | | Date: | | |

## I(b2): Consortium Participation: Consortium Fiscal Agent’s Signature Required

Name of agency acting as fiscal agent:

The Superintendent of the consortium’s fiscal agent should complete this form.

List the names of the agencies that have agreed to participate in the consortium.  
*[Please fill first column, then second column, if applicable]*

|  |  |
| --- | --- |
| Participating Agencies | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The fiscal agent and agencies that enter into this consortium will conduct programming in accordance with the provisions of Perkins Section 131(f)(2) which states: *FUNDS TO CONSORTIUM. —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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of consortium fiscal agent (Superintendent) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal agent’s name (print)

## I(b3) Consortium Fund Use Agreement: Chief School Officer’s Signature Required

*[Duplicate hard copies as needed to collect original signatures. Only hard-copies with signatures need to be submitted. PDFs showing signatures are not needed.]*

All agencies that have generated a Perkins formula allocation and opt to participate in a consortium must complete this form. The completed form (bearing original signature) should be given to the consortium’s fiscal agent for transmittal to the State Education Department.

School District/BOCES:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SED/BEDS Code: |  |  |  |  |  |  |  |  |  |  |  |  |

Sections 134 and 135 of the Perkins Act require consortia members to collect data that allow them to carry out the provisions of the local plan requirements. All school districts in Perkins consortia must report CTE data. In order for data to be complete and reliable, districts must collect and report data on students who enroll in CTE in the local high school, as well as students who are enrolled in CTE in a BOCES.

Itis understood that this agency has elected to participate in the consortium and that the signing of this form constitutes an agreement with the designation of the fiscal agent for the use of funds under the provisions of Perkins *Section 131(f)(2*) which states*:*

*FUNDS TO CONSORTIUM. —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.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of chief school officer (in blue ink) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief school officer’s name (print)

Applicant:

## II. Implementation of Local CTE Plan: One-Year Extension

In the absence of Congressional action to reauthorize Perkins IV, section 422(a) of the General Education Provisions Act automatically authorizes an appropriation for one additional Federal fiscal year.

**Local Advisory Council for CTE:** The local advisory council is responsible for the overall program direction for the local Five-Year Plan and must convene annually to formulate recommendations.

**Local Advisory Committee for CTE:** The Local Advisory Committee for Career andTechnical Educationis composed of business, industry, labor (if applicable), public agencies, education, and community representatives providing counsel, direction, and assistance to career and technical education program developers.

Provide a description of how the required Advisory Council and Committee members were involved in the development and implementation of:

1. the local plan in the past program year:
2. the quality review of the career and technical education programs. Specify what data was used for evaluating the program, and the recommendations made based on the analysis of this data:
3. communication strategies used to reach parents, students, academic and career and technical education teachers, faculty, administrators, career guidance and academic counselors, representatives of business (including small business) and industry, labor organizations, representatives of special populations, and other interested individuals, to inform them about the requirements of the Perkins Act, including career and technical programs of study:

Applicant:

Local Plan Form A: Local Advisory Participation

|  |
| --- |
| The local plan shall be for the same period of time as the State Plan submitted under Section 122 [i.e., a one-year extension from July 1, 2018 to June 30, 2019]. Please check the types of involvement each of the groups below have had in the development of your local plan [Section 134(a)]. |

|  |  |
| --- | --- |
| Check (**√**) more than one letter, if appropriate. | **I** for supplied information,  **C** for provided substantive consultation,  **R** for reviewed and critiqued the plan or sections of the plan or  **N** for no involvement |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Local Advisory Council Membership** | I | C | R | N |
| Individuals familiar with the CTE needs and problems of management and labor in the service area |  |  |  |  |
| Individuals familiar with programs of CTE at the secondary, postsecondary and adult levels |  |  |  |  |
| Individuals familiar with the workforce needs and requirements of the service area |  |  |  |  |
| Individuals familiar with the special educational needs of the students with physical and mental disabilities |  |  |  |  |
| Individuals representative of community interests, including individuals familiar with the special needs of the population to be served |  |  |  |  |
| Individuals enrolled as CTE students at the agency served by the advisory council |  |  |  |  |
| **Optional Advisory Council Membership** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Applicant:

|  |
| --- |
| Describe how the required Advisory Council members were involved in the development and implementation of your local plan for the upcoming program year. Please include Advisory Council meeting dates. |
|  |

|  |
| --- |
| Describe how the required Advisory Council members were involved in the evaluation of your career and technical education programs; specify data used for evaluating the program, and the recommendations made based on the analysis of this data. |
|  |

Applicant:

|  |
| --- |
| Describe how parents, students, academic and CTE teachers, faculty, administrators, career guidance and academic counselors, representatives of business (including small business) and industry, labor organizations, representatives of special populations, and other interested individuals that are involved in the development, implementation, and evaluation of career and technical education programs assisted under this Act, and how such individuals and entities are effectively informed about, and assisted in understanding the requirements of this Act, including career and technical programs of study (in New York State, programs meeting the requirements of the [Regents Policy on Career and Technical Education)](http://www.p12.nysed.gov/cte/ctepolicy/ctepolicy.html)[Section 134(b)(5)]. |

List below individuals on the local advisory committee for CTE who have been appointed to serve in the development, implementation, and evaluation of career and technical education programs (if additional pages are needed, contact the [CTE Office](mailto:emsccte@nysed.gov)).

|  |  |  |
| --- | --- | --- |
| **Group ID Codes** | **P** parents  **S** students  **T** teachers  **L** labor organizations  **BI** for representatives of business and industry | **CC/4C** representatives of community / 4-year colleges  **SE** representatives of special education  **SP** representatives of special populations  **O** other interested individuals |

| Name, title or position | Company, business or organization | Group ID code |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |
| 16. |  |  |
| 17. |  |  |
| 18. |  |  |
| 19. |  |  |
| 20. |  |  |
| 21. |  |  |
| 22. |  |  |
| 23. |  |  |
| 24. |  |  |
| 25. |  |  |
| 26. |  |  |
| 27. |  |  |
| 28. |  |  |
| 29. |  |  |
| 30. |  |  |

Applicant:

|  |
| --- |
| Describe how members of the Local Advisory Committee for CTE, and other participants involved in the development of the plan, are annually informed about the Act. Describe assistance given to promote an understanding of the Act. |

|  |
| --- |
| List the most recent recommendations of the Local Advisory committee for CTE for the use of Perkins funds    Summarize any changes to the Five-Year Plan that are needed for the 2018-19 program year |

The signature of the Chief School Officer (CSO) indicates that the Planning Group has been involved in the preparation of the Career Education Five-Year Plan, list of recommendations, and plan amendments summarized above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CSO Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of CSO (print)

Applicant:

Local Plan Form K-Update: Linking Programs to Postsecondary CTE

|  |
| --- |
| Describe how secondary CTE and postsecondary CTE will be linked. [134(b)(11) and Section 135(b)(5)]. |

**Directions:** Place a check (√) in the blank for each option you have implemented to facilitate linkage between and transition from secondary to postsecondary programs.

|  |  |
| --- | --- |
|  | [New York State Approved Programs](http://www.p12.nysed.gov/cte/ctepolicy/approved.html) (Required for Perkins eligibility.) |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  | Dual Enrollment Options (Specify programs in which available.) |
|  |  |
|  |  |
|  |  |
|  | High Schools that Work (Specify schools participating.) |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  | Other (specify) |
|  |  |
|  |  |

Applicant:

Local Plan Narrative Form L Update: Linking to Postsecondary Programs & Career Path Counseling

|  |
| --- |
| Provide planned activities to improve methods used to link secondary and postsecondary career and technical education programs [Section 134(b) (11) and Section 135(b)(5)].  Describe how the career guidance system provides career path counseling to furnish information on available postsecondary and employment opportunities to all students, including students who are disabled. **List any articulation agreements in existence, or in the planning process** [Section 134(b) (11) and Section 135(c)(2)]. |

Detail efforts to link programs to postsecondary education, including apprenticeships.

|  |
| --- |
|  |

Applicant:

Local Plan Narrative Form M Update: Equity Provisions

|  |
| --- |
| Describe steps that will be taken annually to ensure equitable access to, and equitable participation in the project or activity to be conducted with such assistance by addressing the special needs of students, teachers, and other program beneficiaries in order to overcome barriers to equitable participation, including barriers based on gender, race, color, national origin, disability, and age. [Section 134 (b) (9) and 135 (b)(9) and Section 316]. |

Describe efforts to improve program access for special populations in the past program year and plans for the 2018-19 program year.

|  |
| --- |
|  |

Applicant:

## III. Planning for Program Improvement

**Data Collection and Data Reporting:** All school districts in the Perkins consortia must report CTE data. In order for data to be complete and reliable, districts must collect and report data on students who enroll in CTE in the local high school, as well as students who are enrolled in CTE in a BOCES. (See the [CTE data FAQ page](http://www.p12.nysed.gov/cte/Data/FAQpart1-2.html).)

**Reporting CTE data through SIRS:** New York’s Student Identification Repository System (SIRS) is used to report all CTE data except the [post-high school placement measure, 5S1](http://www.p12.nysed.gov/cte/Data/PostHSplacement.html). Except for the non-traditional participation indicator 6S1, performance indicators track a universe of “concentrators.”[[1]](#footnote-1) The [program intensity field](http://www.p12.nysed.gov/cte/Data/FAQpart1-2.html#Q32) captures concentrator status, so the accuracy of the program intensity field impacts the accuracy of the data overall. All performance data must be disaggregated by demographic and special population definitions[[2]](#footnote-2).

The most recent grantee performance data appears in report cards that track the Perkins indicators (see the [Perkins grant page](http://www.emsc.nysed.gov/cte/perkins4/title1.html) ). Recipients of Perkins funds must use the state-negotiated performance targets to evaluate their CTE programs. New York State performance definitions and target levels appear in the tables below and in the report cards that follow.

**Performance Indicators and Program Improvement:** The Perkins legislation requires that states collect data on what it calls “core indicators of performance.” The required core indicators are:

1. student attainment of challenging academic and technical skills;
2. secondary school completions and diploma/credential attainment;
3. placement in advanced training, postsecondary education, apprenticeships or the military; and
4. student participation and completion of programs that are non-traditional for their gender.

Accountability and Sanctions: If a recipient does not meet at least 90 percent of any one of the performance targets, the recipient must submit a Plan for Performance Improvement to address deficiencies in performance. If the recipient does not make improvement in meeting 90 percent of the performance targets for which it was deficient for three consecutive years, the SED may impose financial sanctions. (States are also subject to sanction of their Perkins IV funds if they fail to meet 90 percent of a performance indicator for three consecutive years.)

If any special population fails to meet 90 percent of the targets, Plans for Program Improvement must be developed to focus on improving the performance of this subgroup. So, it is possible that a district/BOCES will be required to create a Plan for Program Improvement for a special population even though they have meet the performance target overall.

Applicant:

The Perkins legislation requires that states collect data on what it calls “core indicators of performance.”

These are:

|  |  |
| --- | --- |
| **Perkins Indicator** | **Performance Targets for the 2018-19 Program Year** |
| Academic attainment measured by performance on the English Regents examinations (1S1) | 85.61% |
| Academic attainment measured by performance on the mathematics Regents examinations (1S2) | 78.45% |
| Technical skill attainment measured by student performance on technical assessments given in CTE Approved Programs (2S1) | 75.50% |
| Secondary school completion (3S1) | 84.00% |
| High school graduation (4S1): the ESEA graduation rate | 80.50% |
| Secondary placement: number of concentrators in NYS Approved programs placed in postsecondary education, employment or military (5S1) | 92.00% |
| Non-traditional participation (6S1) | 37.20% |
| Non-traditional completion (6S2) | 28.00% |

Applicant:

### Performance Indicators and Plan for Program Improvement

Perkins applicants should refer to the report card data on the following forms to determine if they have met at least 90% the total performance targets to be used for the next program year. Perkins Report Cards show results according to demographic and special populations for all indicators (including post-program placement data of CTE students who participated in NYS Approved Programs, 5S1).

**Directions:** Compare your outcomes with the state targets. To enter your most recent performance outcome data (2016-17 school year), use the Perkins report card data found on the [Perkins Grant Guidance page](http://www.emsc.nysed.gov/cte/perkins4/title1.html).

Plans for Program Improvement must be developed for each performance indicator that has not been met by any demographic or special population group.

**If a performance target has not been met by any demographic or special population, a plan must be created to address this performance gap. This means that a school that has met the performance target overall, still might have to create a Plan for Program Improvement for a subgroup of students.**

Applicant:

**Performance Indicator 1: Academic Attainment in English and Mathematics**

1S1 English target: 85.61% of all secondary CTE concentrators will pass the Regents Comprehensive Examination in English Language Arts (or approved alternative).

1S2 mathematics target: 78.45% of all secondary CTE concentrators will pass the Regents Comprehensive Examination in Mathematics (or approved alternative).

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your 2017-18 School Year Performance Outcome | Met 90% of Indicator  [auto calculated] | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 1S1 | 85.61% | % | 0 No |  |  |  |
| 1S2 | 78.45% | % | 0 No |  |  |  |

If performance target has not been met by the total group, which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

**Performance Indicator 2: Technical Skill Attainment**

2S1 Target: At least 75.50% of CTE concentrators will pass a technical skills assessment.

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your 2017-18 School Year Performance Outcome | Met 90% of Indicator | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 2S1 | 75.50% | % | 0 No |  |  |  |

**Grantees that did not submit data on 2S1 must specify below why and what steps will be taken to address these deficiencies. Funding can be delayed or withheld if programs do not comply with data reporting requirements of the Perkins legislation.**

If performance target has not been met by the total group or **data has not been reported**: which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

Applicant:

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

**Performance Indicator 3: Secondary School Completion**

3S1 target:At least 84.00% CTE concentrators will complete high school (combines all ESEA graduates counted in 4S1 *and* all high school graduates who were not counted for ESEA purposes, including state-recognized equivalents, e.g., alternative standards for individuals with disabilities,).

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your 2017-18 School Year Performance Outcome | Met 90% of Indicator  [auto calculated] | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 3S1 | 84.00% | % | 0 No |  |  |  |

If performance target has not been met by the total group, which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

Applicant:

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

**Performance Indicator 4:** **Student Graduation Rate.**

4S1 target: At least 80.50% of CTE concentrators (who were included in the State’s graduation rate as required by ESEA). will graduate from high school

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your 2017-18 School Year Performance Outcome | | Met 90% of Indicator | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 4S1 | 80.50% | % | 0 No | |  |  |  |

If performance target has not been met by the total group, which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

Applicant:

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

**Performance Indicator 5: Secondary Placement**

5S1Target: At least 92.00% CTE concentrators previously enrolled in NYS Approved CTE Programs who left secondary education will be placed in postsecondary education or advanced training (including DOL registered apprenticeships), the military or employment.

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your Total Outcome (showing performance of 2015-16 concentrators 6 months after leaving the program) | Met 90% of Indicator | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 5S1 | 92.00% | % | 0 No |  |  |  |

**Grantees that did not submit data on 5S1 must specify below why their survey results were not collected and /or submitted and what steps will be taken to address these deficiencies. Funding can be delayed or withheld if programs do not comply with data** **reporting requirements of the Perkins legislation.**

[**Best practices in collecting placement data**](http://www.p12.nysed.gov/cte/Data/Improving5S1data.html) **can be found at:**

[**www.p12.nysed.gov/cte/Data/Improving5S1data.html**](http://www.p12.nysed.gov/cte/Data/Improving5S1data.html)

If performance target has not been met by the total group **or if data was not reported** which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

**Performance Indicator 6: Nontraditional Participation and Completion**

6S1 Target: At least 37.20% of CTE ***participants*** from underrepresented gender groups will participate in a program that leads to employment in nontraditional fields.

6S2Target: At least 28.00% of CTE ***concentrators*** from underrepresented groups who completed a program that leads to employment in nontraditional fields.

[*Note: student records having a blank exit reason will not appear in the counts for this indicator which results in reports that are not accurate. To check if exit reason fields are complete and accurate see the Information and Reporting page on the SIRS 306 report, verification of CTE data, at* [*http://www.p12.nysed.gov/irs/level2reports/reportguides.html*](http://www.p12.nysed.gov/irs/level2reports/reportguides.html) *scroll down to mid-page].*

*[after entering data, use tab key to move to the next cell]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New York State Performance Target | | Your 2017-18 School Year Performance Outcome | Met 90% of Indicator | Subpopulation not meeting state target | Subpopulation not meeting state target | Subpopulation not meeting state target |
| 6S1 | 37.20% | % | 0 No |  |  |  |
| 6S2 | 28.00% | % | 0 No |  |  |  |

If performance target has not been met by the total group, which major effort is directed to improving performance in this indicator:

Major Effort Number

Major Effort Title

How will this major effort improve performance in this indicator?

Applicant:

If this performance target has not been met by certain demographic or special population, describe how this major effort, or how an alternative plan will improve performance in this indicator for these groups.

Applicant:

## IV. Major Effort Description, Expenditures and Budget Details

Major efforts are the immediate actions agencies will take in the upcoming program year. Major efforts operationalize the vision described in the Five-Year Plan. Additionally, the Major Efforts must address any failure to meet the Perkins performance indicator targets shown in the report card results.

The completion of the next sections will provide justification for Perkins expenditures by showing the relationship of the Major Efforts to the multi-year plan and the nine mandated activities. (see **Perkins** Sec. 135 Local Uses of Funds). All costs must target program improvement. Activities focused on special populations are mandatory. There is a five percent cap on administrative costs. More details are available in the [New York State Perkins IV Guide.](http://www.p12.nysed.gov/cte/perkins4/docs/NYPerkinsIVGuide0508.htm)

Major Efforts must not replace projects or activities normally funded through other means—this would constitute supplanting. Because major efforts are geared toward program improvement, not maintenance, they will not be funded beyond three years. In extensions years, funding beyond one year is not certain. Programs are advised to develop efforts that can be completed in a single year, or funded through other means beyond the first year.

The maximum number of major efforts that may be funded is determined by grant amount

|  |  |
| --- | --- |
| Grant amount | Maximum number of Major Efforts |
| $15,000-$49,000 | 1 |
| $50,000-$150,000 | 3 |
| $151,000 and above | 4 |

Applicant:

### Major Effort 1 Description

Major Effort Number 1 of

Major Effort Title

Year of Major Effort:  [first, second or third]

**Major Efforts cannot be supported with Perkins funds beyond three years.**

Name of director of Major Effort 1:

Phone of director:       E-mail address of director:

**Detail why this Major Effort is needed:**

**Main Objective of Major Effort 1—choose one:**

1. Link secondary career education and postsecondary career education; including [(re)application for program approval (aka, “Perkins Program of Study”)]
2. Program revision to strengthen academic integration and alignment to the standards in the core academic subjects
3. Providing students with strong experience in and understanding of all aspects of the industry, including technical skill attainment
4. Provide professional development programs to teachers, counselors and administrators, (including initial teacher preparation)
5. Evaluate and continuously improve CTE programming
6. Special population focus: students with disabilities (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
7. Special population focus: non-traditional students (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
8. Career guidance and academic counseling for CTE students (including linkages to future education and training)
9. Improve recruitment and retention of CTE teachers (including the transition to teaching from business and industry)

Applicant:

**The main action steps (maximum of five) needed to achieve the objectives:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Major Effort’s Evaluation:**  List the quantitative evaluation methods that will be used to determine whether each Major Effort’s objectives have been achieved. Examples include: evaluation procedures demonstrating occupational skills gained by students; instructional strategies of teachers, or improvement in successful post-high school placement rate.

|  |  |
| --- | --- |
| *Example*  **Evaluation Measure:**  *Teachers will complete professional development to develop additional approaches to academic integration* | **Outcome:**  *All teachers participating in this major effort will:*   * *create and share one integration strategy during the workshops, and then* * *add at least one integration strategy to daily instruction* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant:

### Major 1 Effort by Population and Timeframe

**Proposed population and expenditures for the upcoming program year:** Enter the number of students to be served by student type and proposed expenditures. Each CTE student should be counted either as a general CTE student or a student with disabilities. The total will be a non-duplicated count.

*[Note: total fields will calculate automatically]*

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| General CTE students |  | $ |
| CTE students with disabilities |  | $ |
| **Total** | 0 | $0 |

Enter the number of students from the total above who are members of the following populations. This is a duplicated count. If a student meets the description of more than one population, add him or her to each count.

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| Economically Disadvantaged/Foster Children |  | $ |
| Individuals preparing for nontraditional training and employment |  | $ |
| Single Parent/Single Pregnant Women |  | $ |
| Displaced Homemaker |  | $ |
| English Language Learners |  | $ |

Applicant:

### Major Effort 1 Perkins Mandated Activities

|  |  |  |
| --- | --- | --- |
| **Major Effort 1: Perkins Mandated Activities** | | **Estimated expenditure for the upcoming program year** |
| 1. | Strengthen the academic and career skills of students participating in career education through integration. | $ |
| 2. | Link secondary career education and postsecondary career education. | $ |
| 3. | Provide students with strong experience in and understanding of all aspects of the industry. | $ |
| 4. | Develop, improve, or expand the use of technology in career education. | $ |
| 5. | Provide professional development programs to teachers, counselors and administrators. | $ |
| 6. | Develop and implement evaluations of the career education programs carried out with funds under Title I of Perkins, including an assessment of how the needs of special populations are being met. | $ |
| 7. | Initiate, improve, expand and modernize quality career education programs. | $ |
| 8. | Provide services and activities that are of sufficient, size, scope and quality to be effective. | $ |
| 9. | Provide programs to prepare special populations for high skill, high wage, high demand occupations. | $ |
| Total *[auto calculated]* | | $0 |

Applicant:

### Major Effort 1 Budget

[Budget definitions](#BudgetCodeDef) are found below. Complete worksheets to itemize employee benefits (Code 80) and to determine indirect costs, (Code 90).

*[Results from the worksheets will populate Codes 80 and 90 on this table]*

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Budget Code | Proposed Expenditure |  |
| Professional Salaries | 15 |  |  |
| Support Staff Salaries | 16 |  |  |
| Purchased Services | 40 |  |  |
| Supplies and Materials | 45 |  |  |
| Travel Expenses | 46 |  |  |
| Employee Benefits  [(see worksheet)](#m1Code80Sec1Table) | 80 | 0 | 0 |
| Indirect Cost  [(see worksheet below)](#_Indirect_Cost,_Code) | 90 | 0 |  |
| BOCES Services | 49 |  |  |
| Minor Remodeling | 30 |  |  |
| Equipment | 20 |  |  |
| TOTAL for this Major Effort  *[auto calculated]* | | 0 |  |

In the space below, please describe how the expenditures identified above will make the action steps of Major Effort 1 possible.

|  |
| --- |
|  |

Applicant:

### Budget Code Definitions

**Salaries for Support Staff, Code 16:** Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance (do not include employee benefits under Code 16, please see Code 80). Do not include administrative positions staff that are considered to be indirect costs, e.g., account clerks.

**Purchased Services, Code 40:** Identify the type of expenditure by general category (i.e., consultants, rentals, tuition, printing, communications, and other contractual services).

Purchased Services from a BOCES, if other than the applicant agency, should not be budgeted under this expenditure category. Use Purchased Services with BOCES, Code 49.

An agency cannot purchase services from itself. Copies of contracts may be requested by the State Education Department.

**BOCES Services, Code 49:** A BOCES cannot purchase services from itself.

**Supplies and Materials, Code 45:** Identify the type of supplies or materials by general category (i.e., instructional, office, books, computer software, and items of equipment with a unit cost less than $5,000). Provide an itemized list (that includes number of units and price per unit) for any supplies or materials that have a unit price greater than $500.

**Travel Expenses, Code 46:** Identify purpose of travel (i.e., student transportation, staff travel between instructional sites, student field trips—if specifically allowed by the grant, etc.) and the proposed expenditure.

Include travel expenses for conference costs, out-of-state travel and costs for staff development programs, if allowable expenditures.

**Equipment, Code 20:** All equipment to be purchased in support of this project with a unit cost of $5,000 or more should be itemized in this category. Equipment items under $5,000 should be budgeted and justified under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40. Prior approval is required for all equipment purchases; see Fiscal Guidelines for more information. In the space below, please describe how the equipment itemized above will support the project activities and contribute to the program goals.

**Minor Remodeling, Code 30**: The minor remodeling budget category can be used in very limited situations to operationalize a specific aspect of a major effort. Final approval requires additional documentation.

[Back to Major Effort 1 budget](#MajorEffort1Budget)

Applicant:

### Major Effort 1 Employee Benefits Worksheet, Code 80

Agencies may choose to calculate the proposed employee benefits by using their agency’s fringe benefits rate or itemizing the specific benefits. The fringe benefit rate for project personnel must be the same as those used for other agency personnel. Only the employee benefits, which are attributable to the professional and support staff identified in Codes 15 and 16 may be included in this section*.*

Complete either Section I or Section II

Section I—Calculation of fringe benefits using the agency’s fringe benefit rate.

*[Results will populate Major Effort 1 Budget form fields.]*

|  |  |  |
| --- | --- | --- |
| Agency Fringe Benefit Rate | Project Salaries | Proposed Expenditure |
| % |  | 0 |
| TOTAL, for Major Effort 1 *[auto calculated]* | | 0 |

Section II—Itemize specific categories of benefits

|  |  |
| --- | --- |
| Benefit | Proposed Expenditure |
| Social Security |  |
| Retirement (NYS Teachers, NYS Employees, Other) |  |
| Health Insurance |  |
| Worker's Compensation  Unemployment Insurance |  |
| Other (Identify) |  |
| TOTAL, for Major Effort 1 *[auto calculated]* | 0 |

[Back to Major Effort 1 Budget](#Code80Amount)

Applicant:

### Major Effort 1 Indirect Cost, Code 90 Worksheet

Refer to the [Fiscal Guidelines](http://www.oms.nysed.gov/cafe/guidance/) for further instructions regarding Modified Direct Cost Base and the Approved Restricted Indirect Cost Rate.

*[ Results will populate Major Effort Budget form fields.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sum of all preceding totals (codes 15, 16, 40, 45, 46 and 80)  *[auto calculated]* | $ | 0 | |  |
| (If applicable) Portion of each subcontract exceeding $25,000 and any flow through funds | $ |  | |  |
| A. Modified Direct Cost Base *[auto calculated]* | $ | 0 | | (A) |
| B. Approved Restricted Indirect Cost Rate |  | | % | (B) |
| C. (A) x (B) = Total Indirect Cost (for this Major Effort)  *[auto calculated]* | $ | 0 | | (C) |

*[use mouse click, not tab to return to Major Effort 1 budget]*

      [Back to Major Effort 1 Budget Code 90 amount](#Code90Amount)

Applicant:

## Auto-Calculated Budget summary for All Major Efforts

Use this form as a reference when completing the hard copy FS-10 form (which will be signed and mailed). *[no data entry, costs are auto calculated]*

|  |  |  |
| --- | --- | --- |
| CATEGORIES | **CODE** | **PROJECT COSTS** |
| Professional Salaries | 15 | 0 |
| Support Staff Salaries | 16 | 0 |
| Purchased Services | 40 | 0 |
| Supplies and Materials | 45 | 0 |
| Travel Expenses | 46 | 0 |
| Employee Benefits | 80 | 0 |
| Indirect Cost (IC)\*  (Amount from “C” below) | 90 | 0 |
| BOCES Services | 49 | 0 |
| Minor Remodeling | 30 | 0 |
| Equipment | 20 | 0 |
| Total | | 0 |

## V. FS-10 Proposed Budget for Federal or State Grant form submission

**HARD COPY REQUIRED**: Complete the Signature page with the FS-10 Proposed Budget for Federal or State Project, Excel versionwhich is available at the [Grants Finance forms page](http://www.oms.nysed.gov/cafe/forms/). When completing the FS-10 budget forms, access the updated form on the grants finance webpage, do not use a local copy stored on your computer.

**Allocations:** 2018-19 allocations are posted on [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html).

**Administrative Cost Policy:** Each eligible agency or institution receiving funds shall use no more than five-percent of such funds for administrative costs. Administrative costs are subject to the following definitions and restrictions:

1. Indirect cost is considered part of administrative cost and is included in the five-percent maximum. Agencies having an approved indirect cost rate greater than five percent are limited to five percent for this program including any direct charges that are determined to be administrative costs.
2. All staff positions and activities not directly related to a specific major effort will be considered as administrative costs.
3. Certain direct costs, including staff salaries and activities related to the successful operation of a project, are not considered as administrative costs. For example, the cost of modifying curricula to serve students in a particular project is not considered an administrative cost.

As mentioned above, the maximum number of major efforts is limited by grant amount. Those applicants with allocations over $50,000 wishing to fund more than one major effort can find additional major effort forms in [*Attachment A*](#_Attachment_A:_Forms)

Applicant:

## VI(a). Statement of Assurances for Secondary Perkins Basic Grant Recipients 2018-19: Chief School Officer’s Signature Required

All applicants assure that: Perkins funds will supplement and not supplant local expenditures and will not duplicate objects of expenditure from other sources. This assurance does not apply to funds made available under Title I used to pay for the costs of career education services required in an Individualized Education Plan developed under the Individuals with Disabilities Education Act.

**Perkins fund use:** All costs must be: necessary, reasonable, and allocable. Grantees will be monitored for allowable fund use and be required to take corrective action if grant funds have not been applied appropriately. Failure to take corrective actions could result in the suspension of Perkins funding.

None of the funds expended under Perkins are being or will be used to acquire equipment (including computer software) in any instance in which such acquisition results in a direct financial benefit to any organization representing the interests of the purchasing entity or its employees or any affiliate of such an organization.

Methods of administration and fiscal control are in place for proper and efficient administration and accounting of projects funded under Perkins. **These methods must comply with** [2 CFR 200, Uniform Guidance (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards)](http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5).

This application was made available for review and comment by interested parties including the appropriate administrative entity under the Workforce Investment Act and the District Office of the Office of Vocational and Educational Services for Individuals with Disabilities.

The six special populations under Perkins have the same opportunity to enroll in career education programs as other populations served; are provided with programs designed to enable them to meet the State levels of performance; and are not discriminated against on the basis of their status as members of the special populations.

All consultants meet competency requirements and are legally eligible to receive Perkins funds.

The agency complies with and activities conducted with Perkins funds will take place in accordance with: (1) Title VI of the Civil Rights Act of 1964, (2) Title IX of the Education Amendments of 1972, (3) Section 504 of the Rehabilitation Act of 1973, (4) The Age Discrimination Act of 1975, (5) the Americans with Disabilities Act, and (6) the U.S. Office for Civil Rights’ Guidelines for Eliminating Discrimination and Denial of Services in Vocational Education on the Basis of Race, Color, National Origin, Sex and Handicap.

Perkins funds will only be used to provide career programs that are of a size, scope, and quality as to bring about improvement in the quality of education offered by the recipient.

Provisions are made for members of special populations in private secondary schools to participate in career education programs assisted under Section 131 of Perkins. The career education being received by students with disabilities is consistent with their Individual Education Plan.

Provisions have been made in accordance with New York State Education Law (Section 4601) for the appointment of and consultation with a Local Advisory Council. The agency maintains a local advisory council that meets all appropriate Commissioner’s Regulations or uses a BOCES advisory council.

A written policy is in effect which provides for the suspension from school for a period of not less than one year of any student who is determined to have brought a weapon to school and the referral of such student to a criminal or juvenile justice system. Such a policy can allow the Chief Administrative Officer of the agency to modify such expulsion requirement for a student on a case-by-case basis. Students aged 16 and under must receive alternative education while suspended from regular school. The term "weapon" means a firearm as such term is defined in Section 921 of title 18, United States Code

Chief School Officer’s Certification I hereby certify that the agency is in compliance with the assurances listed above

|  |  |
| --- | --- |
| Signature | Date |
| Name and Title |  |

## VI(b). Certifications Regarding Lobbying; Debarment, Suspension, Other Responsibilities & Drug-Free Workplace Requirements

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying: As required by Section 135 2, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace: Grantees other than Individuals

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’ s workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee’s policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant. (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant. Place of performance (street address, city, county, state, zip code)

Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certifications Regarding Lobbying; Debarment, Suspension and other Responsibilities Including Drug-free Workplace Requirements, continued**

Check if there are workplaces on file that are not identified here.

Drug-Free Workplace: Grantees Who Are Individuals

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610—

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

## VI(b). Certifications: Chief School Officer’s Signature Required

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

|  |
| --- |
| Name of applicant and project number or project name |
| Printed name and title of authorized representative |

Signature Date

ED80-0013, 6/90 (Replaces ED 800-0008, 12/89; ED Form GCS-008, (Rev. 2/88); ED 80-0010, 5/90; and ED 80-0011, 5/90, which are obsolete

For SED use only

The State Education Department | Albany, NY 12234

Applicant:

#### Reviewer Checklist: SED Use Only

Perkins Title I Secondary Formula Application

Application Last Updated (Right-click on this date and Update Field to refresh): 5/16/2018

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application Review | YES/NO | NA | Comments or Missing Information | | |
| Transmittal letter is enclosed |  |  |  | | |
| Cover page is signed.  Verify contact info  Note any new info for Kathy. |  |  | (If no signature have Kathy contact agency) | | |
| If consortium, verify sch. dist’s. from App. And sign off by fiscal agent CEO |  |  | (If no signature have Kathy contact agency) | | |
| If consortium, fund use page is enclosed for each sch. dist. |  |  | Current Codes Used: | | |
| Applic. Items 1-3 are addressed pertaining to Local Advisory Comm./Council |  |  |  | | |
| Form A (pages 12-16) are completed and signed  Recommendations are appropriate  Changes to Local Plan are noted |  |  | (If no signature have Kathy contact agency) | | |
| Forms K,L,M are complete |  |  |  | | |
| Certifications and Assurances are signed.  FS-10 submitted with original signature. |  |  | (If no signature have Kathy contact agency) | | |
| Major Effort(s) | Year of M.E. | Objective | Total of Funds being Used to support this M.E. | Total # of Students being Impacted by this M.E. | Comments/Notes |
| 1. |  |  | 0 | 0 |  |
| 2. |  |  | 0 | 0 |  |
| 3. |  |  | 0 | 0 |  |
| 4. |  |  | 0 | 0 |  |

For SED use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Verify Performance Level and Remedy if appropriate | State Performance Level (90%)  set for the 2018-19 program year | School District or Consortium Performance level | Met or Did Not Meet State Performance level  Including any sub groups (Yes or No) | Improvement Plan is noted if performance not met (Yes or No)  (Also ID any sub groups) | Follow up or Comments |
| 1S1 | 85.61% (77.05%) |  |  |  |  |
| 1S2 | 78.45% (70.61%) |  |  |  |  |
| 2S1 | 75.50% (67.95%) |  |  |  |  |
| 3S1 | 84.00% (75.60%) |  |  |  |  |
| 4S1 | 80.50% (72.45%) |  |  |  |  |
| 5S1 | 92.00% (82.80%) |  |  |  |  |
| 6S1 | 37.20% (33.48%) |  |  |  |  |
| 6S2 | 28.00% (25.20%) |  |  |  |  |

|  |  |
| --- | --- |
| Eligibility Verifications | |
| Three [approved programs](http://www.p12.nysed.gov/cte/ctepolicy/approved.html) are current and operating |  |
| Date last monitored |  |
| Corrective actions required |  |
| Corrective actions completed documented in file |  |

Applicant:

For SED use only

| Budget Related | Y/N or subtotal amount | Follow Up or Comments |
| --- | --- | --- |
| Budget cover page info complete with correct dates |  |  |
| Three approved programs |  |  |
| Code 15 (Salaries of professional staff- employees of fiscal agent only) | 0 |  |
| Code 16 (Salaries of Support Staff- employees of fiscal agent only) | 0 |  |
| Code 40 (Purchase Services- generally outside vendors, contracts) | 0 |  |
| Code 49 (BOCES Services- From other BOCES with some exceptions) | 0 |  |
| Code 45 (Supplies and Materials- unit cost of < $5000) | 0 |  |
| Code 46 (Travel Expenses) | 0 |  |
| Code 80 (Employee Benefits- fiscal agent employees only) | 0 |  |
| Code 90 (Indirect Cost- negotiated for each LEA or BOCES, verify from list) | 0 |  |
| Code 20 (Equipment- unit value > $5000) | 0 |  |
| Sum of all codes as approved | 0 |  |
| Budget Detail Pages Reviewed/ Summary Page Signed by CEO and SED (If Yes, Original Signature) |  | Person Completing Review and Signing for SED Date    (If no CEO signature have Kathy contact agency) |
| Statement of Assurances Signed |  | (If no signature have Kathy contact agency) |
| Certs for Lobbying Debarment Signed |  | (If no signature have Kathy contact agency) |

Applicant:

## Attachment A: Forms for Major Efforts 2-4

### Major Effort 2 Description

Major Effort Number 2 of

Major Effort Title

Year of Major Effort:  [first, second or third]

**Major Efforts cannot be supported with Perkins funds beyond three years.**

Name of director of Major Effort 2:

Phone of director:       E-mail address of director:

**Detail why this Major Effort is needed:**

**Main Objective of Major Effort 2—choose one:**

1. Link secondary career education and postsecondary career education; including [(re)application for program approval (aka, “Perkins Program of Study”)]
2. Program revision to strengthen academic integration and alignment to the standards in the core academic subjects,
3. Providing students with strong experience in and understanding of all aspects of the industry, including technical skill attainment
4. Provide professional development programs to teachers, counselors and administrators, (including initial teacher preparation).
5. Evaluate and continuously improve CTE programming
6. Special population focus: students with disabilities (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
7. Special population focus: non-traditional students (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
8. Career guidance and academic counseling for CTE students (including linkages to future education and training)
9. Improve recruitment and retention of CTE teachers (including the transition to teaching from business and industry).

Applicant:

**The main action steps (maximum of five) needed to achieve the objectives:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Major Effort’s Evaluation:**  List the quantitative evaluation methods that will be used to determine whether each Major Effort’s objectives have been achieved. Examples include: evaluation procedures demonstrating occupational skills gained by students; instructional strategies of teachers, or improvement in successful post-high school placement rate.

|  |  |
| --- | --- |
| *Example*  **Evaluation Measure:**  *Teachers will complete professional development to develop additional approaches to academic integration* | **Outcome:**  *All teachers participating in this major effort will:*   * *create and share one integration strategy during the workshops, and then*   *add at least one integration strategy to daily instruction* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant:

### Major Effort 2 by Population and Timeframe

**Proposed population and expenditures for the upcoming program year:** Enter the number of students to be served by student type and proposed expenditures. Each CTE student should be counted either as a general CTE student or a student with disabilities. The total will be a non-duplicated count.

*[Note: total fields will calculate automatically]*

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| General CTE students |  | $ |
| CTE students with disabilities |  | $ |
| **Total** *[auto calculated]* | 0 | $0 |

Enter the number of students from the total above who are members of the following populations. This is a duplicated count. If a student meets the description of more than one population, add him or her to each count.

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| Economically Disadvantaged/Foster Children |  | $ |
| Individuals preparing for nontraditional training and employment |  | $ |
| Single Parent/Single Pregnant Women |  | $ |
| Displaced Homemaker |  | $ |
| English Language Learners |  | $ |

Applicant:

### Major Effort 2 Perkins Mandated Activities

|  |  |  |
| --- | --- | --- |
| **Perkins Mandated Activities** | | **Estimated expenditure for the upcoming program year** |
| 1. | Strengthen the academic and career skills of students participating in career education through integration. | $ |
| 2. | Link secondary career education and postsecondary career education. | $ |
| 3. | Provide students with strong experience in and understanding of all aspects of the industry. | $ |
| 4. | Develop, improve, or expand the use of technology in career education. | $ |
| 5. | Provide professional development programs to teachers, counselors and administrators. | $ |
| 6. | Develop and implement evaluations of the career education programs carried out with funds under Title I of Perkins, including an assessment of how the needs of special populations are being met. | $ |
| 7. | Initiate, improve, expand and modernize quality career education programs. | $ |
| 8. | Provide services and activities that are of sufficient, size, scope and quality to be effective. | $ |
| 9. | Provide programs to prepare special populations for high skill, high wage, high demand occupations. | $ |
| Total *[auto calculated]* | | $0 |

Applicant:

### Major Effort 2 Budget

[Budget code definitions](#BudgetCodeDef) are found above. Complete worksheets to itemize employee benefits (Code 80) and to determine indirect costs, (Code 90*). [Results from the worksheets will populate Codes 80 and 90 on this table]*

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Budget Code | Proposed Expenditure |  |
| Professional Salaries | 15 |  |  |
| Support Staff Salaries | 16 |  |  |
| Purchased Services | 40 |  |  |
| Supplies and Materials | 45 |  |  |
| Travel Expenses | 46 |  |  |
| Employee Benefits  [(see worksheet)](#m2Code80Header) | 80 | 0 | 0 |
| Indirect Cost  [(see worksheet below)](#_Indirect_Cost,_Code_3) | 90 | 0 |  |
| BOCES Services | 49 |  |  |
| Minor Remodeling | 30 |  |  |
| Equipment | 20 |  |  |
| TOTAL for Major Effort 2  *[auto calculated]* | | 0 |  |

In the space below, please describe how the expenditures identified above will make the action steps of Major Effort 2 possible

|  |
| --- |
|  |

Applicant:

### Major Effort 2 Employee Benefits Worksheet, Code 80

Agencies may choose to calculate the proposed Employee Benefits by using their agency’s fringe benefits rate or itemizing the specific benefits. The fringe benefit rate for project personnel must be the same as those used for other agency personnel. Only the employee benefits, which are attributable to the professional and support staff identified in Codes 15 and 16 may be included in this section.

Complete either Section I or Section II.

Section I—Calculation of fringe benefits using the Agency’s fringe benefit rate.

*[ Results will populate Major Effort 2 Budget form fields.]*

|  |  |  |
| --- | --- | --- |
| Agency Fringe Benefit Rate | Project Salaries | Proposed Expenditure |
| % |  | 0 |
| TOTAL, for Major Effort 2 *[auto calculated]* | | 0 |

Section II—Itemize Specific Categories of Benefits

|  |  |
| --- | --- |
| Benefit | Proposed Expenditure |
| Social Security |  |
| Retirement (NYS Teachers, NYS Employees, Other) |  |
| Health Insurance |  |
| Worker's Compensation  Unemployment Insurance |  |
| Other (Identify) |  |
| TOTAL, for Major Effort 2 *[auto calculated]* | 0 |

[Back to Major Effort 2 Budget](#m2Expend90)

Applicant:

### Major Effort 2 Indirect Cost, Code 90 Worksheet

Refer to the [Fiscal Guidelines](http://www.oms.nysed.gov/cafe/guidance/) for further instructions regarding Modified Direct Cost Base and the Approved Restricted Indirect Cost Rate.

*[ Results will populate Major Effort Budget form fields.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sum of all preceding totals (codes 15, 16, 40, 45, 46 and 80) *[auto calculated]* | $ | 0 | |  |
| (If applicable) Portion of each subcontract exceeding $25,000 and any flow through funds | $ |  | |  |
| A. Modified Direct Cost Base *[auto calculated]* | $ | 0 | | (A) |
| B. Approved Restricted Indirect Cost Rate |  | | % | (B) |
| C. (A) x (B) = Total Indirect Cost (for this Major Effort)  *[auto calculated]* | $ | 0 | | (C) |

*[use mouse click, not tab to return to Major Effort 2 budget]*

[Back to Major Effort 2 Budget Code 90 Amount](#_Major_Effort_2)

Applicant:

### Major Effort 3 Description

Major Effort Number 3 of

Major Effort Title

Year of Major Effort:  [first, second or third]

**Major Efforts cannot be supported with Perkins funds beyond three years.**

Name of director of Major Effort 3:

Phone of director:       E-mail address of director:

**Detail why this Major Effort is needed:**

**Main Objective of Major Effort 3—choose one:**

1. Link secondary career education and postsecondary career education; including [(re)application for program approval (aka, “Perkins Program of Study”)]
2. Program revision to strengthen academic integration and alignment to the standards in the core academic subjects,
3. Providing students with strong experience in and understanding of all aspects of the industry, including technical skill attainment
4. Provide professional development programs to teachers, counselors and administrators, (including initial teacher preparation).
5. Evaluate and continuously improve CTE programming
6. Special population focus: students with disabilities (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
7. Special population focus: non-traditional students (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
8. Career guidance and academic counseling for CTE students (including linkages to future education and training)
9. Improve recruitment and retention of CTE teachers (including the transition to teaching from business and industry).

Applicant:

**The main action steps (maximum of five) needed to achieve the objectives:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Major Effort’s Evaluation:**  List the quantitative evaluation methods that will be used to determine whether each Major Effort’s objectives have been achieved. Examples include: evaluation procedures demonstrating occupational skills gained by students; instructional strategies of teachers, or improvement in successful post-high school placement rate.

|  |  |
| --- | --- |
| *Example*  **Evaluation Measure:**  *Teachers will complete professional development to develop additional approaches to academic integration* | **Outcome:**  *All teachers participating in this major effort will:*   * *create and share one integration strategy during the workshops, and then* * *add at least one integration strategy to daily instruction* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant:

### Major Effort 3 by Population and Timeframe

**Proposed population and expenditures for the upcoming program year:** Enter the number of students to be served by student type and proposed expenditures. Each CTE student should be counted either as a general CTE student or a student with disabilities. The total will be a non-duplicated count.

*[Note: total fields will calculate automatically]*

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| General CTE students |  | $ |
| CTE students with disabilities |  | $ |
| **Total** *[auto calculated]* | 0 | $0 |

Enter the number of students from the total above who are members of the following populations. This is a duplicated count. If a student meets the description of more than one population, add him or her to each count.

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| Economically Disadvantaged/Foster Children |  | $ |
| Individuals preparing for nontraditional training and employment |  | $ |
| Single Parent/Single Pregnant Women |  | $ |
| Displaced Homemaker |  | $ |
| English Language Learners |  | $ |

Applicant:

### Major Effort 3 Perkins Mandated Activities

|  |  |  |
| --- | --- | --- |
| **Perkins Mandated Activities** | | **Estimated expenditure for the upcoming program year** |
| 1. | Strengthen the academic and career skills of students participating in career education through integration. | $ |
| 2. | Link secondary career education and postsecondary career education. | $ |
| 3. | Provide students with strong experience in and understanding of all aspects of the industry. | $ |
| 4. | Develop, improve, or expand the use of technology in career education. | $ |
| 5. | Provide professional development programs to teachers, counselors and administrators. | $ |
| 6. | Develop and implement evaluations of the career education programs carried out with funds under Title I of Perkins, including an assessment of how the needs of special populations are being met. | $ |
| 7. | Initiate, improve, expand and modernize quality career education programs. | $ |
| 8. | Provide services and activities that are of sufficient, size, scope and quality to be effective. | $ |
| 9. | Provide programs to prepare special populations for high skill, high wage, high demand occupations. | $ |
| Total *[auto calculated]* | | $0 |

Applicant:

### Major Effort 3 Budget

[Budget definitions](#_Budget_Code_Definitions) are found above. Complete worksheets to itemize employee benefits (Code 80) and to determine indirect costs, (Code 90).

*[Results from the worksheets will populate Codes 80 and 90 on this table]*

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Budget Code | Proposed Expenditure |  |
| Professional Salaries | 15 |  |  |
| Support Staff Salaries | 16 |  |  |
| Purchased Services | 40 |  |  |
| Supplies and Materials | 45 |  |  |
| Travel Expenses | 46 |  |  |
| Employee Benefits  [(see worksheet)](#_Employee_Benefits_Worksheet,) | 80 | 0 | 0 |
| Indirect Cost  [(see worksheet below)](#_Indirect_Cost,_Code_1) | 90 | 0 |  |
| BOCES Services | 49 |  |  |
| Minor Remodeling | 30 |  |  |
| Equipment | 20 |  |  |
| TOTAL for this Major Effort  *[auto calculated]* | | 0 |  |

In the space below, please describe how the expenditures identified above will make the action steps of Major Effort 3 possible.

|  |
| --- |
|  |

Applicant:

### Major Effort 3 Employee Benefits Worksheet, Code 80

Agencies may choose to calculate the proposed Employee Benefits by using their agency’s fringe benefits rate or itemizing the specific benefits. The fringe benefit rate for project personnel must be the same as those used for other agency personnel. Only the employee benefits, which are attributable to the professional and support staff identified in Codes 15 and 16 may be included in this section.

Complete either Section I or Section II.

Section I—Calculation of fringe benefits using the Agency’s fringe benefit rate.

*[ Results will populate Major Effort 3 Budget form fields.]*

|  |  |  |
| --- | --- | --- |
| Agency Fringe Benefit Rate | Project Salaries | Proposed Expenditure |
| % |  | 0 |
| TOTAL, for this Major Effort 3 *[auto calculated]* | | 0 |

Section II—Itemize Specific Categories of Benefits

|  |  |
| --- | --- |
| Benefit | Proposed Expenditure |
| Social Security |  |
| Retirement (NYS Teachers, NYS Employees, Other) |  |
| Health Insurance |  |
| Worker's Compensation  Unemployment Insurance |  |
| Other (Identify) |  |
| TOTAL, for this Major Effort *[auto calculated]* | 0 |

[Back to Major Effort 3 Budget](#m3Expend80)

Applicant:

### Major Effort 3 Indirect Cost, Code 90 Worksheet

Refer to the [Fiscal Guidelines](http://www.oms.nysed.gov/cafe/guidance/) for further instructions regarding Modified Direct Cost Base and the Approved Restricted Indirect Cost Rate.

*[ Results will populate Major Effort Budget form fields.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sum of all preceding totals (codes 15, 16, 40, 45, 46 and 80)  *[auto calculated]* | $ | 0 | |  |
| (If applicable) Portion of each subcontract exceeding $25,000 and any flow through funds | $ |  | |  |
| 1. Modified Direct Cost Base   *[auto calculated]* | $ | 0 | | (A) |
| 1. Approved Restricted Indirect Cost Rate |  | | % | (B) |
| 1. (A) x (B) = Total Indirect Cost (for this Major Effort)   *[auto calculated]* | $ | 0 | | (C) |

*[use mouse click, not tab to return to Major Effort 3 budget]*

[Back to Major Effort 3 Budget](#m3Expend90) Code 90 Amount

Applicant:

### Major Effort 4 Description

Major Effort Number 4 of

Major Effort Title

Year of Major Effort:  [first, second or third]

**Major Efforts cannot be supported with Perkins funds beyond three years.**

Name of director of Major Effort 4:

Phone of director:       E-mail address of director:

**Detail why this Major Effort is needed:**

**Main Objective of Major Effort 4—choose one:**

1. Link secondary career education and postsecondary career education; including [(re)application for program approval (aka, “Perkins Program of Study”)]
2. Program revision to strengthen academic integration and alignment to the standards in the core academic subjects,
3. Providing students with strong experience in and understanding of all aspects of the industry, including technical skill attainment
4. Provide professional development programs to teachers, counselors and administrators, (including initial teacher preparation).
5. Evaluate and continuously improve CTE programming
6. Special population focus: students with disabilities (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
7. Special population focus: non-traditional students (including overcoming barriers to program access, success in achieving performance targets, or securing self-sufficiency through employment)
8. Career guidance and academic counseling for CTE students (including linkages to future education and training)
9. Improve recruitment and retention of CTE teachers (including the transition to teaching from business and industry).

Applicant:

**The main action steps (maximum of five) needed to achieve the objectives:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Major Effort’s Evaluation:**  List the quantitative evaluation methods that will be used to determine whether each Major Effort’s objectives have been achieved. Examples include: evaluation procedures demonstrating occupational skills gained by students; instructional strategies of teachers, or improvement in successful post-high school placement rate.

|  |  |
| --- | --- |
| *Example*  **Evaluation Measure:**  *Teachers will complete professional development to develop additional approaches to academic integration* | **Outcome:**  *All teachers participating in this major effort will:*   * *create and share one integration strategy during the workshops, and then* * *add at least one integration strategy to daily instruction* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant:

### Major Effort 4 by Population and Timeframe

**Proposed population and expenditures for the upcoming program year:** Enter the number of students to be served by student type and proposed expenditures. Each CTE student should be counted either as a general CTE student or a student with disabilities. The total will be a non-duplicated count.

*[Note: total fields will calculate automatically]*

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| General CTE students |  | $ |
| CTE students with disabilities |  | $ |
| **Total** *[auto calculated]* | 0 | $0 |

Enter the number of students from the total above who are members of the following populations. This is a duplicated count. If a student meets the description of more than one population, add him or her to each count.

|  |  |  |
| --- | --- | --- |
| **Population** | **Number** | **Estimated Expenditure** |
| Economically Disadvantaged/Foster Children |  | $ |
| Individuals preparing for nontraditional training and employment |  | $ |
| Single Parent/Single Pregnant Women |  | $ |
| Displaced Homemaker |  | $ |
| English Language Learners |  | $ |

Applicant:

### Major Effort 4 Perkins Mandated Activities

|  |  |  |
| --- | --- | --- |
| **Perkins Mandated Activities** | | **Estimated expenditure for the upcoming program year** |
| 1. | Strengthen the academic and career skills of students participating in career education through integration. | $ |
| 2. | Link secondary career education and postsecondary career education. | $ |
| 3. | Provide students with strong experience in and understanding of all aspects of the industry. | $ |
| 4. | Develop, improve, or expand the use of technology in career education. | $ |
| 5. | Provide professional development programs to teachers, counselors and administrators. | $ |
| 6. | Develop and implement evaluations of the career education programs carried out with funds under Title I of Perkins, including an assessment of how the needs of special populations are being met. | $ |
| 7. | Initiate, improve, expand and modernize quality career education programs. | $ |
| 8. | Provide services and activities that are of sufficient, size, scope and quality to be effective. | $ |
| 9. | Provide programs to prepare special populations for high skill, high wage, high demand occupations. | $ |
| Total *[auto calculated]* | | $0 |

Applicant:

### Major Effort 4 Budget

[Budget definitions](#BudgetCodeDef) are found above. Complete worksheets to itemize employee benefits (Code 80) and to determine indirect costs, (Code 90).

*[Results from the worksheets will populate Codes 80 and 90 on this table]*

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Budget Code | Proposed Expenditure |  |
| Professional Salaries | 15 |  |  |
| Support Staff Salaries | 16 |  |  |
| Purchased Services | 40 |  |  |
| Supplies and Materials | 45 |  |  |
| Travel Expenses | 46 |  |  |
| Employee Benefits  [(see worksheet)](#_Employee_Benefits_Worksheet,_1) | 80 | 0 | 0 |
| Indirect Cost  [(see worksheet below)](#_Indirect_Cost,_Code_2) | 90 | 0 |  |
| BOCES Services | 49 |  |  |
| Minor Remodeling | 30 |  |  |
| Equipment | 20 |  |  |
| TOTAL for this Major Effort  *[auto calculated]* | | 0 |  |

In the space below, please describe how the expenditures identified above will make the action steps of Major Effort 4 possible.

|  |
| --- |
|  |

Applicant:

### Major Effort 4 Employee Benefits Worksheet, Code 80

Agencies may choose to calculate the proposed Employee Benefits by using their agency’s fringe benefits rate or itemizing the specific benefits. The fringe benefit rate for project personnel must be the same as those used for other agency personnel. Only the employee benefits, which are attributable to the professional and support staff identified in Codes 15 and 16 may be included in this section.

Complete either Section I or Section II.

Section I—Calculation of fringe benefits using the Agency’s fringe benefit rate.

*[ Results will populate Major Effort 4 Budget form fields.]*

|  |  |  |
| --- | --- | --- |
| Agency Fringe Benefit Rate | Project Salaries | Proposed Expenditure |
| % |  | 0 |
| TOTAL, for this Major Effort 4 *[auto calculated]* | | 0 |

Section II—Itemize Specific Categories of Benefits

|  |  |
| --- | --- |
| Benefit | Proposed Expenditure |
| Social Security |  |
| Retirement (NYS Teachers, NYS Employees, Other) |  |
| Health Insurance |  |
| Worker's Compensation  Unemployment Insurance |  |
| Other (Identify) |  |
| TOTAL, for this Major Effort *[auto calculated]* | 0 |

[Back to Major Effort 4 Budget](#m4Expend80)Applicant:

### Major Effort 4 Indirect Cost, Code 90 Worksheet

Refer to the [Fiscal Guidelines](http://www.oms.nysed.gov/cafe/guidance/) for further instructions regarding Modified Direct Cost Base and the Approved Restricted Indirect Cost Rate.

*[ Results will populate Major Effort Budget form fields.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sum of all preceding totals (codes 15, 16, 40, 45, 46 and 80) *[auto calculated]* | $ | 0 | |  |
| (If applicable) Portion of each subcontract exceeding $25,000 and any flow through funds | $ |  | |  |
| A. Modified Direct Cost Base *[auto calculated]* | $ | 0 | | (A) |
| B. Approved Restricted Indirect Cost Rate |  | | % | (B) |
| C.(A) x (B) = Total Indirect Cost (for this Major Effort)  *[auto calculated]* | $ | 0 | | (C) |

*[use mouse click, not tab to return to Major Effort 4 budget]*

[Back to Major Effort 4 Budget](#m4Expend90) Code 90 Amount

1. [↑](#footnote-ref-1)
2. All data reported must be disaggregated by the following populations: 1. race/ethnicity, 2. gender, 3. individuals with disabilities, 4. migrants, and 5. individuals with limited English proficiency; 6. individuals from economically disadvantaged families, including foster children; 6. single parents, including single pregnant women; 7. displaced homemakers, and 8. individuals preparing for non-traditional fields. Disaggregation of data will not be required for any population that is insufficient in size to yield reliably significant information or if the data could reveal the identity of an individual student [↑](#footnote-ref-2)