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

# (Perkins V)

Fiscal Year 2020

Application

Issued: July 2, 2019

Revised: July 10, 2019

Due: August 9, 2019



The New York State Education Department

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<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

**Preparing the 2020 *Application* for Submission**

1. The *Application* must be complete to be considered for funding.
	1. Submit the completed *Application*; do not submit the *Guidelines*.
	2. The maximum number of Major Efforts allowed is five. Any *Applications* with more than five Major Efforts will be returned for revisions.
	3. All pages must be numbered consecutively.
	4. Pages must be printed single-sided, and not back-to-back.
	5. Submit with the *Application* all Memorandums of Understanding (MOUs) and/or Articulation Agreements (established since July 1, 2018) with secondary schools, Local Education Agencies, institutions of higher education, and/or BOCES programs.
2. The *Application* must be **e-mailed and postmarked** by August 9, 2019 to be considered for funding.
3. The *Application* must include a completed FS-10 Form with original signature in blue ink.
	1. The FS-10 Form is located at <http://www.oms.nysed.gov/cafe/forms/>
		1. Under the Budgets heading, select this version of the form:

FS-10 in [Excel](http://www.oms.nysed.gov/cafe/forms/documents/FS10_Cert_Protected_Excel_041715.xls)  (124 KB) - *recommended; please enable macros*

1. The *Application* includes a Checklist (page 4). Please use this document to confirm that the *Application* is complete prior to submission.
2. The hard copy *Application* package must include:
	1. One complete original set of required materials with the President or Chief Executive Officer (CEO)’s original signature in blue ink
	2. Three additional copies of the FS-10

**Submitting the 2020 *Application***

1. E-mail the complete *Application* to:

Jeffrey.Moretti@nysed.gov; Melissa.Weltz@nysed.gov; Roger.McMillan@nysed.gov

 AND

1. Mail a hard copy of the complete *Application* to:

Jeff Moretti [OR] Melissa Weltz

New York State Education Department

Office of Postsecondary Access, Support and Success

89 Washington Avenue, Room EBA 971 – Perkins Grant

Albany, NY 12234

**Checklist for the Grant Year *Application* – 2020**

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

Please indicate that each item is complete by placing an X in the **Complete** column.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item**  | **Page** | **Document** | **Complete** |
| 1 | 5 | Grant Application Information Form |  |
| 2 | 6 | Attestation of Compliance |  |
| 3 | 7 | Designated Signatory Form |  |
| 4 | 8 | Management Plan Form |  |
| 5 | 9 | Programs of Study |  |
| 6 | 10 | Membership Form for the Perkins Local Advisory Council |  |
| 7 | 11 | Expenditures by Major Effort and by Core Indicators of Performance  |  |
| 8 | 12 | Minimum Required Set-Aside Documentation |  |
| 9 | 13 | Core Indicators of Performance Across Major Efforts |  |
| 10 | 14 | Major Effort Abstract Form(s) |  |
| 11 | 15-16 | Major Effort Format(s) |  |
| 12 | N/A | Memorandums of Understanding/Articulation Agreements established since July 1, 2018 (attach) |  |

**Grant Application Information Form – 2020**

**Fiscal Year 2020** (July 1, 2019 – June 30, 2020)

Perkins V Formula Allocation – Postsecondary Institutions

Project Number: 8000-20-

Institution/Consortium Name:

Name of Perkins Grant Officer:

Title:

Address:

City:

State: NY

Zip Code:

Telephone:

Fax:

E-mail address:

Name of President:

Address:

City:

State: NY

Zip Code:

Telephone:

Fax:

E-mail address:

**Attestation of Compliance – Perkins V Formula Funded Grant Award – 2020**

**By accepting Perkins V funding, Grant recipients agree to comply with the Strengthening Career and Technical Education for the 21st Century Act (Perkins V) 2020 Guidelines, and with the following documents contained therein:**

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

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

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

**Designated Signatory Form – 2020**

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

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

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

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

**Management Plan Form – 2020**

**Grant Officer Name:**

**Title:**

**Backup Individual:**

**Title:**

(This person will assume the Grant Officer’s responsibilities should the Grant Officer depart)

**Process for Grant Officer Replacement:**

**Major Effort Managers:**

(Names and titles by Major Effort)

**Related Program Administrators:**

(Names and titles of the persons responsible for services for special populations, fiscal activities, program outcomes, participation in the local One-Stop delivery system, and any related administrative positions, along with their responsibilities)

**Organizational chart** designating reporting lines (include this here or at the end of the *Application*):

**Organizational chart** designating reporting lines for consortium members (include this here or at the end of the *Application*):

**Programs of Study – 2020**

Perkins V requires each eligible recipient to have a minimum of one program of study as defined in the law Sec. 3(41).

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

List the programs of study at the institution that meet this **federal** **definition**. Indicate whether Perkins funds will be used to support these programs during the 2020 Grant Year:

|  |  |  |  |
| --- | --- | --- | --- |
| **Number**  | **Program Name** | **HEGIS Code** | **Perkins Funded?** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

List all **New York State registered** CTE programs within the HEGIS range 5000-5599 at the institution. Indicate whether Perkins funds will be used to support these programs during the 2020 Grant Year:

|  |  |  |  |
| --- | --- | --- | --- |
| **Number**  | **Program Name** | **HEGIS Code** | **Perkins Funded**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
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| 9 |  |  |  |
| 10 |  |  |  |

**Membership Form for the Perkins Local Advisory Council – 2020**

For instructions, refer to **Directions for Developing a Perkins Local Advisory Council – 2020** in the *Guidelines.*

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Title** | **Name/Address of Business or Association** | **Female/****Male/****Nonbinary** | **Minority (Yes/No)** | **Non****traditional (Yes/No)** | **Group # (1-7)** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

**Expenditures by Major Effort and by Core Indicators of Performance – 2020**

**Fill in all boxes.** The top portion of this form should match information on the FS-10 Form. Fill in all **Total of Allocation** amounts. The bottom portion of this form should show the amounts and percentages the institution will devote to establishing strong performance in the new Core Indicators.

Each institution/consortium must devote at least 5% of its total allocation to serving Students with Disabilities. Fill in all boxes in the **percent of allocation column**; these indicate the **actual percentage** of its allocation the institution will spend on each Core Indicator of Performance.

**Name of Institution/Consortium:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Category | FS-10Code | MajorEffort 1 | MajorEffort 2 | Major Effort 3 | Major Effort 4 | Major Effort 5 | Total |  |
| Professional Salaries | 15 |  |  |  |  |  |  |  |
| Support Staff | 16 |  |  |  |  |  |  |  |
| Purchased Services | 40 |  |  |  |  |  |  |  |
| Supplies & Materials | 45 |  |  |  |  |  |  |  |
| Travel Expenses | 46 |  |  |  |  |  |  |  |
| Employee Benefits | 80 |  |  |  |  |  |  |  |
| Indirect Costs | 90 |  |  |  |  |  |  |  |
| Minor Remodeling | 30 |  |  |  |  |  |  |  |
| Equipment | 20 |  |  |  |  |  |  |  |
| **Total of Allocation** |  |  |  |  |  |  |  |  |
| Core Indicator of Performance | Min.Req |  |  |  |  |  |  | **% of allocation** |
| 1P1: Postsecondary Retention and Placement |  |  |  |  |  |  |  |  |
| 2P1: Earned Recognized Postsecondary Credential |  |  |  |  |  |  |  |  |
| 3P1: Nontraditional Program Enrollment |  |  |  |  |  |  |  |  |
| Students with disabilities | 5% |  |  |  |  |  |  |  |

**Minimum Required Set-Aside Documentation – 2020**

**Name of Institution/Consortium:**

**Required Set-Aside:** Students with Disabilities (5%)

Please provide a detailed explanation of how the institution/consortium will spend its Minimum Required Set-Aside (5% of its total allocation) to support Students with Disabilities. Describe, by Major Effort (where applicable), what activities, academic support, equipment, etc., these funds will cover, and how the funding will benefit CTE students.

**Major Effort 1:**

**Major Effort 2:**

**Major Effort 3:**

**Major Effort 4:**

**Major Effort 5:**

**Core Indicators of Performance Across Major Efforts – 2020**

Recipient institutions/consortiums must address each Core Indicator of Performance within their *Applications* and in their activities throughout the Grant Year.

Perkins V identifies six required uses of funds by local recipients to support CTE programs that are of sufficient size, scope and quality (Sec.135 (b)).

**Enter an X to indicate which Major Effort(s) will address which Core Indicator(s) of Performance and which Uses of Funds.**

**In the column, “Required Uses of Local Funds,” identify which Required Uses of Local Funds are addressed within which Major Effort(s). Use a number 1-6 to identify the appropriate Required Use of Local Funds** (see the *Guidelines* pages 27-29 for the list of Required Uses of Local Funds.) The institution is not required to address all six of the Required Uses of Local Funds.

The maximum number of Major Efforts is 5.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Major Effort | 1P1: Retention and Placement | 2P1: Earned Recognized Postsecondary Credential | 3P1: Nontraditional Program Enrollment  | Required Use(s) of Local Funds (1-6) |
| Major Effort 1 |  |  |  |  |
| Major Effort 2 |  |  |  |  |
| Major Effort 3 |  |  |  |  |
| Major Effort 4 |  |  |  |  |
| Major Effort 5 |  |  |  |  |

**Major Effort Abstract Form – 2020**

**Please complete this form once for each Major Effort** proposed by the institution/consortium. The maximum number of Major Efforts is 5.

**Institution Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Major Effort #** |  | **of** |  |

**Major Effort Title:**

**Core Indicator(s) of Performance addressed by this Major Effort:**

**Projected number of CTE students served by this Major Effort:**

**Major Effort Description:**

In 100-150 words, provide concise summaries of the following:

* + - 1. The objectives and activities of the Major Effort
			2. The projected outcome(s) and evaluation measures

**Major Effort Format – 2020**

Complete a separate **Major Effort Format** for EACH proposed Major Effort. The maximum number of Major Efforts is 5.

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

Title:

Telephone Number:

E-Mail Address:

* + - 1. **Major Effort Narrative:**
1. List the CTE program(s) this Major Effort will address.
	1. Explain the rationale for addressing these programs.
	2. Provide any data that supports the decision to devote Perkins funds to these programs.
2. List the Core Indicator(s) of Performance this Major Effort will address.
3. Describe any coordination with external agencies, especially workforce representatives.
4. Describe the Major Effort’s objectives in measurable terms.
5. Describe the activities to achieve the objectives.
6. Major Effort Evaluation: Describe the **quantitative** evaluation methods the institution will use to determine whether the Major Effort’s objectives have been achieved.

Note: NYSED cannot accept as evaluation measures the results of **surveys** designed to measure student or faculty satisfaction.

1. List any other data that may be used to evaluate the outcomes and successes of this Major Effort.
2. Provide a Major Effort timeline, noting significant activities, **month-by-month**.
	* + 1. **Major Effort Staff:**

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

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

* + - 1. **Major Effort Budget:**

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

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