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

# **(Perkins V – Postsecondary)**

**Fiscal Year 2026**

**Application**

**Due: July 9, 2025**



**New York State Education Department**

**Applicant Institution:  
  
  
  
  
  
Non-Discrimination Statement**

The New York State Education Department does not discriminate based on age, color, religion, sex, creed, disability, marital status, veteran status, national origin, race, gender, transgender status, genetic predisposition or carrier status, or sexual orientation in its educational programs, services and activities. Portions of any publication designed for distribution can be made available in a variety of formats, including Braille, large print or audiotape, upon request. Inquiries regarding this policy of nondiscrimination should be directed to the Department’s Office for Diversity, Ethics, and Access, Room 530, Education Building, Albany, NY 12234.

**FERPA Statement**

The New York State Education Department (NYSED) is the regulating authority for education in New York State. NYSED is Federal Educational Rights and Privacy Act (FERPA) exempt as per the United States Department of Education’s FERPA General Guidance, which states: *"There are several other exceptions to FERPA's prohibition against non-consensual disclosure of personally identifiable information from education records, some of which are briefly mentioned below. Under certain conditions (specified in the FERPA regulations), a school may non-consensually disclose personally identifiable information from education records: to authorized representatives of the Comptroller General of the United States, the Attorney General of the United States, the U.S. Secretary of Education,* ***and State and local educational authorities*** *for audit or evaluation of Federal or State supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs*

**Preparing the Application for Submission**

1. **The Application must be complete to be considered for funding. Applicant institutions may not alter or delete any portion or formatting (except as directed) of this Application. Doing so will render the Application incomplete and require resubmission of the entire Application.** 
   1. For information and guidance about the Grant, refer to the current Guidelines: <https://www.nysed.gov/postsecondary-services/perkins-postsecondary-career-technical-education-program>
   2. Activities and expenditures proposed in this Application must correspond with institutional and local needs as determined in the most recent Comprehensive Local Needs Assessment.
   3. The maximum number of Goals is five, including Goal 1, which must serve Students with Disabilities.
   4. Number all pages consecutively.
   5. Submit with the Application all Memorandums of Understanding (MOU) and/or Articulation Agreements (established since July 1, 2024) with secondary schools, institutions of higher education, and/or BOCES.
2. The Application must be **e-mailed, and the FS-10 must be both e-mailed and postmarked by July 9, 2025** to be considered for funding.
3. The FS-10 document must have an original signature in blue ink. Please send the original and two extra copies of the FS-10.
   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 Excel File (124 KB) - *recommended; please enable macros*

1. The Applicationincludes a Checklist. Use this document to confirm that the Application is complete prior to submission, and submit it with the Application.

**Submitting the Application**

1. E-mail the complete Application including an electronic version of the FS-10 to: [PSPerkins@nysed.gov](mailto:PSPerkins@nysed.gov)
2. Mail a hard copy of the FS-10 with an original signature in blue ink, and two copies, to:

[Liaison’s name here]

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 Application**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Page** | **Document** | **Completed (**✓) |
| 1 | 3 | Grant Application Information |  |
| 2 | 4 | Attestation of Compliance |  |
| 3 | 5 | Designated Signatory Form |  |
| 4 | 6 | Management Plan Form |  |
| 5 | 7 | Membership Form for the Perkins Local Advisory Council |  |
| 6 | 8 | CLNA Link to Goals Chart |  |
| 7 | 9 | Programs of Study |  |
| 8 | 11 | Uses of Funds |  |
| 9 | 12 | Goal Format(s) |  |
| 10 | -- | FS-10 (Budget) |  |
| 11 | -- | Budget Narrative |  |
| 12 | -- | Minutes from the last two LAC Meetings |  |
| 13 | -- | Tentative Agendas for the next LAC Meetings |  |
| 14 | -- | Organizational chart: Provide an organizational chart designating reporting lines.  Organizational chart (consortium – if applicable): If the institution is a member of a consortium, provide an organizational chart designating reporting lines for consortium members. |  |
| 15 | -- | Memorandums of Understanding/Articulation Agreements established since July 1, 2024 |  |

**Grant Application Information**

**Postsecondary Institutions**

**Fiscal Year 2026** (July 1, 2025 – June 30, 2026)

|  |
| --- |
| Institution/Consortium Name: |
| Project Number: 8000-26- |
| Name of Perkins Grant Officer: |
| Title: |
| Address: |
| City/State: |
| Zip Code |
| Telephone: |
| E-mail: |
| Name of College President: |
| Address: |
| City/State: |
| Zip Code: |
| Telephone: |
| E-mail: |

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

**By accepting Perkins V funding, Grant recipients agree to comply with the Strengthening Career and Technical Education for the 21st Century Act (Perkins V), the 2026 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**

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: |
| E-mail: |
| Signature: |
|  |
| Second Designated Signatory Name: |
| Title: |
| E-mail: |
| Signature: |

**Management Plan Form**

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

|  |
| --- |
| Grant Officer: |
| Title: |
| Contact Information: |
| Backup Grant Officer: |
| Title: |
| Contact Information: |

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

**Process for Grant Officer Replacement:**

|  |
| --- |
|  |

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

**Related Program Administrators:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Responsibilities** |
|  |  |  |
|  |  |  |
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**Membership Form for the Perkins Local Advisory Council**

For instructions, refer to **Directions for Developing a Perkins Local Advisory Council** in the [Guidelines](https://www.nysed.gov/postsecondary-services/perkins-postsecondary-career-technical-education-program).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | **Name** | **Title** | **Name and Address of Business or Association** | **Group # (1-7)** |
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**Comprehensive Local Needs Assessment Link to Goals Chart**

**The institution shall focus Perkins funding on the needs identified in Chart 8 of the 2025 Comprehensive Local Needs Assessment (CLNA).** Since the CLNA covers two years, needs identified in the CLNA may be addressed in the 2025 **and/or** 2026 grant years. The institution must indicate during which year(s) it will address which needs.

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

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

**Directions:**

* + - 1. List the identified need from the CLNA Summary.
      2. List which year(s) this need will be addressed (2025, 2026, or both).
      3. List the programs with this specific need and identify which Goal(s) (numbers 1-5) will address this need.
      4. In cases in which the institution or another funding source will address a need listed in the CLNA Summary, identify those other sources of funding.
      5. Describe how the other sources of funding will address needs identified in the CLNA Chart 8.

Identified Need #\_\_:

Year(s) This Need will be Addressed (2025 and/or 2026):

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

**Programs of Study**

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

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

List the programs of study at the institution that meet this **federal** **definition**. Indicate whether Perkins funds will be used to support these programs during the 2026 Grant Year. \*Note that funds must be used based on the outcomes of the CLNA.

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

List all **New York State registered** CTE programs within the HEGIS range 5000-5599 at the institution. Indicate whether Perkins funds will be used to support these programs during the 2026 Grant Year: \*Note that funds must be used based on the outcomes of the CLNA.

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

**Uses of Funds**

Provide responses to each of these items.

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

1. Provide a description of how the institution will address disparities or gaps in Core Indicator performance.

**Goal Format**

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

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

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

Title:

Telephone Number:

E-Mail Address:

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

1. List the CTE program(s) this **Goal** will address.

**b)** Based on the results of the CLNA, explain the rationale for addressing these programs.

**c)** Provide the projected number of CTE students this **Goal** will serve.

**d)** Indicate which Core Indicator(s) of Performance this **Goal** will address.

☐ 1P1: Postsecondary Retention and Placement

☐ 2P1: Earned Recognized Postsecondary Credential

☐ 3P1: Nontraditional Program Enrollment (by gender)

**e)** Identify which **Uses of Funds** this **Goal** will include (see the [Guidelines](https://www.nysed.gov/postsecondary-services/perkins-postsecondary-career-technical-education-program) for the complete list of Uses of Funds). The institution is not required to address all six of the Uses of Funds.

☐ 1. Offering students career exploration and career development activities

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

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

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

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

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

**f)** Describe any coordination with external agencies, especially workforce representatives.

**6.) Goal Objectives Chart:**

In the chart below, enter the following information.

**Measurable Objective(s):** Describe the specific program-level improvements the institution will work toward during this Grant Year. Objectives should be ambitious but also realistic and attainable.

**Current Data Points:** Provide data from the most recent year available to show the institution’s performance in the area targeted for improvement. Provide data as a number and as a percentage.

**Aspirational Data Points:** Provide the institution’s goal for improvement as a number and as a percentage.

Please note: the examples provided below serve as an illustration of the components of a numerically Measurable Objective, and the level of detail necessary for this section. They may not be applicable to a given institution or Goal. Survey results measuring student or faculty satisfaction are not valid Measurable Objectives or Data Points.

|  |  |  |
| --- | --- | --- |
| **Measurable Objective(s)** | **Current Data Points** | **Aspirational Data Points** |
| Example 1: Improve the nursing program’s retention rate from 85% to 90%. | In the 2025 Grant Year, the nursing program retained 85 out of 100 students, for a rate of 85%. | For the 2026 Grant Year, the nursing program aims to retain 90 students out of 100, for a new retention rate of 90%. |
| Example 2: The college’s Automotive Technology program aims to purchase [a new equipment item] for student use. | The 2025 CLNA demonstrated a need for the item, which the program did not have during the previous year, so there is no baseline data yet. | During the 2026 Grant Year, five sections of Auto 101 will use the new equipment. There are 20 students per section, so 100 students will utilize the equipment. 75 of those students (75%) will demonstrate proficiency as determined by [a certain test or portfolio project]. |

**7.) Goal Timeline:**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Month** | **Activities** | **Positions Responsible** |
| July 2025 |  |  |
| August 2025 |  |  |
| September 2025 |  |  |
| October 2025 |  |  |
| November 2025 |  |  |
| December 2025 |  |  |
| January 2026 |  |  |
| February 2026 |  |  |
| March 2026 |  |  |
| April 2026 |  |  |
| May 2026 |  |  |
| June 2026 |  |  |

1. **Goal Staff:**

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

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

1. **Goal Budget:**

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

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