|  |  |
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| Carl D. Perkins IV Career & Technical Education  One-Year Extension Grant Application for Adult Programs  **2018-19** | |
| Seal of the State of New YorkPurpose 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:   * provide activities to prepare special populations, including single parents and displaced homemakers who are enrolled in career and technical education programs, for high skill, high wage, or high demand occupations that will lead to self-sufficiency. [Section 135(b)(9)]; * provide assistance for postsecondary students, including for adult students who are changing careers or updating skills; [Section 135 (c)(2)(B)]; and/or * provide career and technical education programs for adults and school dropouts to complete their secondary school education or upgrade their technical skills [Section 135 (c) (15)]. |
| Eligible applicants and allocations | Public school districts and Boards of Cooperative Educational Services (BOCES) that are returning applicants generating an allocation of at least $50,000 are eligible agencies for adult Perkins funds. |
| Answers will be posted as questions are received. | All questions should be submitted in writing to: [emsccte@nysed.gov](mailto:emsccte@nysed.gov). The CTE Office will post answers on the [Perkins application guidance page](file:///C:\SED\P12\OCIFS\CareerDev\Perkins%202015-2016\Adult%202015-16\www.p12.nysed.gov\cte\perkins4\title1.html). |
| **Mail and email applications to SED by 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

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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 needed: Description of: 1). recent activities in linking programs to postsecondary education or apprenticeships, and, 2). equity provisions. This information documents continued compliance with these provisions of the legislation.

**Major efforts:** Objectives of major effort will be selected 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 III.
* 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(b)** | Transmittal Letter  Perkins Cover Page |  |
| **II.** | *Five-Year CTE Plan Update:*  Provided through Plan Forms and Narratives A, G, L and M |  |
| **III** | *Major Effort Description, Expenditure and Budget Forms—for*  documenting program activities and their associated costs |  |
| **IV.** | *FS-10 Proposed Budget for Federal or State Grant form—*for processing payment  Excel FS-10 form found online [Grants Office Page](http://www.oms.nysed.gov/cafe/forms/) |  |
| **V.** | *Assurances and Certifications*  (a). Statement of Assurances  (b). Certification Regarding Lobbying, Debarment, Suspension  (c). **Copy of MOU (submission of electronic version is acceptable**) |  |
| **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 hard copy with original signatures to:

New York State Education Department

Career & Technical Education Office 315EB

89 Washington Avenue

Albany, NY 12234

Potential Perkins allocations for adult programs offered in secondary agencies

|  |  |
| --- | --- |
| **Agency** | **Potential FY19 Amount** |
| Buffalo City School District | $417,889 |
| Cattaraugus-Allegany BOCES | $53,921 |
| Eastern Suffolk BOCES | $69,816 |
| Erie 1 BOCES | $202,406 |
| Erie 2-Chautauqua BOCES | $93,356 |
| Madison-Oneida BOCES | $57,945 |
| New York City Board of Education | $549,071 |
| Onondaga-Cortland-Madison BOCES | $115,086 |
| Rochester City School District | $90,942 |
| Western Suffolk BOCES | $80,278 |
| Yonkers City School District | $293,549 |
| Total | $2,024,259 |

### 

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

**BEDS or Agency Code**

**Project Number**

**Program Year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | | | **Adult program in a secondary agency** | | | |
| **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: | | |

## 

## 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.

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 adult and postsecondary 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** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| Describe how the required advisory council and advisory committee 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 and advisory committee 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 students, academic and CTE teachers, faculty, administrators, representatives of business (including small business) and industry, labor organizations, representatives of special populations, and other interested individuals 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 [Section 134(b)(5)]. |

###### 

### Advisory Committee Members

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 |
| --- | --- | --- |
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Applicant:

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| 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 Program Plan and this list of recommendations.

🡺\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CSO Date

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

Name and title of CSO (print)

Applicant:

### Form G: Evaluation of CTE Programs

Evaluations of the career and technical education programs must be developed and carried out with these funds. Evaluations must include assessing how the needs of special populations are being met.

|  |  |
| --- | --- |
|  | We agree to provide all required adult CTE student data (enrollment and placement) to State Education Department. |

We agree to review annually the performance of special populations measured by the state data collection system to ensure that their needs are being met. I affirm that the above data reporting and reviewing criteria are being met by my program.

|  |  |
| --- | --- |
| 🡺 |  |
| Career and Technical Administrator signature | date |
| Print name and title |  |
|  |  |

Applicant:

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

|  |
| --- |
| Provide planned activities to improve methods used to link adult programs and postsecondary career and technical education programs, including apprenticeships [Section 134(b)(11) and Section 135(b) (5)].  Describe how career guidance activities provide 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. 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. 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. In extension years, major efforts should be designed to be completed in one year.

The maximum number of major efforts islimited by grant amount

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

### 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 Effort 1 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 |  | $ |
| 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, and 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 | 0 |  |
| TOTAL for this Major Effort  *[auto calculated]* | | 0 |  |

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

|  |
| --- |
|  |

Applicant:

### Budget Code Definitions

**Salaries for Professional Staff, Code 15:** Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff.

**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. Copies of contracts may be requested by SED.

Purchased services costs generally include only those costs purchased from another entity. Grant recipients cannot contract or purchase services from themselves. However, agencies that have a Cost Allocation Plan that complies with Federal cost principles may charge the appropriate Central Services Costs in Purchased Services (Code 40). For more information on Cost Allocation Plans, refer to [Policy Advisory #01-01 - Allocating and Billing Central Service Costs to Grants.](http://www.oms.nysed.gov/cafe/guidance/advisory0101.html)

**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.

**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 [Grant Finance Forms page](http://www.oms.nysed.gov/cafe/forms/).

**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 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 Commissioners’ 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 Adult Program in Secondary Agency Formula Application

Application Last Updated (Right-click on this date and Update Field to refresh): 5/22/2018

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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) | | |
| Applic. Items 1-3 are addressed pertaining to Local Advisory Comm./Council |  |  | Current Codes Used: | | |
| Form A (pages 8-12) are completed and signed  Recommendations are appropriate  Changes to Local Plan are noted |  |  | (If no signature have Kathy contact agency) | | |
| Forms L,M are complete  Form G is signed |  |  |  | | |
| 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 |  |

Applicant:

For SED use only

| Budget Related | Y/N or subtotal amount | Follow Up or Comments |
| --- | --- | --- |
| Budget cover page info complete with correct dates |  |  |
| 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 |  | $ |
| 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, and 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 fund the action steps of Major Effort 2.

|  |
| --- |
|  |

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* |
|  |  |
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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 |  | $ |
| 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, and 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 fund the action steps of Major Effort 3.

|  |
| --- |
|  |

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* |
|  |  |
|  |  |
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|  |  |
|  |  |

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 |  | $ |
| 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, and 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 fund the action steps of Major Effort 4.

|  |
| --- |
|  |

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