****

**Perkins V 2020-2021**

**Noncompetitive Grant Application**

First-time applicants with an individual allocation greater than $15,000 and who meet the Perkins V definitions of size, scope and quality must call the CTE team at 518-486-1547 to confirm eligibility.  A letter of intent to apply is due April 24, 2020 to both the fiscal agent of the consortium you joined in the prior year and to the CTE Office. (a PDF copy of the original should be sent to emsccte@nysed.gov).

Application Contents

The application is comprised of five parts:

* Section 1 Introduction to Perkins V and Application Mechanics
* Section 2 Supporting Documentation
* Section 3 Local Compliance with Perkins V Provisions: Fillable forms
* Section 4 Local Plan and Perkins V Uses of Funds: Fillable forms
* Section 5 Required Budget, Assurances, and Certifications

Completion of all parts in Sections 2-5 and a budget **FS-10 form (Excel format)**—found on the [Grants Office page](http://www.oms.nysed.gov/cafe/forms/) is required to ensure compliance with all the provisions of Perkins V.

|  |
| --- |
| Section 1.1 Introduction to Perkins VThe purpose of funding under the Strengthening Career and Technical Education for the 21st Century (Perkins V) Act is to develop more fully the academic knowledge and technical and employability skills of secondary education students and postsecondary education students who elect to enroll in career and technical education programs by:* Including preparation in high-skill, high-wage, or in-demand occupations
* Integrating rigorous and challenging academic and CTE instruction that link secondary and postsecondary
* Providing technical assistance that improves the quality of CTE faculty, teachers, counselors, and administrators
* Supporting partnerships between secondary, postsecondary, local workforce boards, business, and industry
* Providing individuals with opportunities and skills to keep the US competitive
 |

|  |
| --- |
| Public school districts and BOCES acting as fiscal agents are eligible to apply for secondary Perkins funds if they1. Offer NYSED-approved programs that meet the definitions of size, scope, and quality
2. Offer NYSED-approved programs with approval expiration dates of 6/30/21 or later; **and**
3. Generate an allocation of $15,000 or more, or enter a consortium whose combined allocations are over $15,000

Perkins funds are allocated by a statutory formula that is based upon the number of individuals ages five to seventeen in a school district, with greater weighting to those individuals who are below the poverty line (source, U.S Census, Small Area Income and Poverty Estimates). Current allocations are found at [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html). These Perkins V funds provide New York with the chance to improve student outcomes by concentrating on programs developed to meet the requirements of the Regents CTE Policy on program approval. Local grantees will be required to use Perkins V funds only on NYSED-approved programs that have been evaluated on the CLNA and that have approved status at the time of application submission.  |
| Questions must be submitted in writing to: emsccte@nysed.gov. SED will post answers on the [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html). |
| **E-mail one electronic copy (application and CLNA Summary in Word format and both CLNA template and FS-10 budget in Excel)** to EMSCCTE@nysed.gov and**Mail original** application and CLNA Summary (fillable forms only-signatures in blue ink) to: New York State Education DepartmentCareer and Technical Education Office 89 Washington Avenue Room 315EB Albany, NY 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)

# **Section 1.2 Application Mechanics**

**REQUESTS FOR DESCRIPTIONS AND QUESTIONS REQUIRING APPLICANT RESPONSES ARE IN THE SHADED BOX. SPACE FOR RESPONSES ARE BELOW.**

* Responses can be provided in bulleted lists.
* *Required electronic submission:* Fields in some of the forms will update our database. Only submissions of the Word version of this application and the CLNA Summary can be accepted (we are unable to use the PDF format**). Please submit an Excel version of the FS-10 and an Excel version of the CLNA template.**
* *Hard copy mailed to SED:* **send Sections 2-5 only of the application along with the CLNA Summary**

**No changes made to navigation or calculation fields**

* *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 to complete the form fields.
	+ The “navigation panel” is the easiest way to move through the application sections.
	+ Access the navigation panel by clicking on “View,” then clicking the “Navigation Panel” check box found in the “Show” segment of the ribbon.
	+ To move from section to section, click on the section titles listed in the panel.
* 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].

[ ]

# **Section 1.3 Application Checklist**

|  |
| --- |
| The application aligns with federal requirements found in [Section 134](#LocalApp) of the Perkins Legislation. Complete applications consist of elements found in the checklist below. **Checklist items in bold require signature of agency’s chief officer** |
| **Original signatures required** | ***Transmittal Letter:*** The transmittal letter must be included with the application; it is the formal request to apply for Perkins V CTE funding for the upcoming academic year. Letters must be on the agency’s letterhead and signed (in blue ink), by the chief school officer and request Perkins V funding for CTE programs for the upcoming school year.2.0 Supporting Documentation **2.1 Perkins Cover Page** **2.2 Consortium Participation**  **2.3 Fund Use Agreement** | [ ] [ ] [ ]  |
|  | 3.0 Local Compliance with Perkins V Provisions **3.1 Stakeholder Input**3.2 Required Application Elements   |  [ ] [ ]  |
| 4.0 Local Plan including: **-** Comprehensive Local Needs Assessment (CLNA)**- Comprehensive Local Needs Assessment (CLNA) Summary****-** Action Steps with Perkins V Uses of Funds |   [ ]   [ ]  [ ]  |
| **Original signatures required** | 5.0 Budgets, Assurances, and Certifications **5.1 FS-10, Proposed Budget for Federal or State Grant form—for processing** **payment**Excel FS-10 form found on the [Grants Office Page](http://www.oms.nysed.gov/cafe/forms/) 5.2 Administrative Cost Policy **5.3 Statement of Assurances** **5.4 Certification Regarding Lobbying, Debarment and Suspension** | [ ] [ ] [ ] [ ]  |

E-mail one electronic copy (application and the CLNA Summary in Word format and both CLNA template and FS-10 budget in Excel ) to EMSCCTE@nysed.gov .

Mail one hard copy of **Sections 2-5 Only** along with the CLNA Summary with original signatures to:

New York State Education Department

Career and Technical Education Office

89 Washington Avenue Room 315EB

Albany, NY 12234

# **Section 2.0 Supporting Documentation**

**2.1 Perkins V Cover Page Fiscal Agent Signature Required**

**BEDS or Agency Code**

**Project Number**

**Program Year**

2020-2021

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

## **2.2: Consortium Participation: Consortium Fiscal Agent’s Signature Required**

Name of agency acting as fiscal agent:

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

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

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

The fiscal agent and agencies that enter into this consortium will conduct programming in accordance with the provisions of Perkins Section 131(f)(2) which states: *FUNDS TO CONSORTIUM. —Funds allocated to a consortium formed to meet the requirements of this subsection shall be used only for purposes and programs that are mutually beneficial to all members of the consortium and can be used only for programs authorized under this title. Such funds may not be reallocated to individual members of the consortium for purposes or programs benefitting only 1 member of the consortium.*

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

Signature of consortium fiscal agent (Superintendent) Date

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

Fiscal agent’s name (print)

## **2.3 Consortium Fund Use Agreement: Chief School Officer’s Signature Required**

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

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

School District/BOCES:

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

Sections 134 and 135 of the Perkins Act require consortia members to collect data that allow them to carry out the provisions of the local application requirements. Beginning in 2019-20, only CTE data for NYSED-approved CTE programs should be reported to the NYSED SIRS. CTE data should be reported by the program provider—the agency that operates the NYSED-approved CTE program. This change does not remove the need for the BOCES and districts to share CTE data for other purposes (e.g. the generation of transcripts and awarding of credits)

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

*Funds allocated to a consortium formed to meet the requirements of this subsection shall be used only for purposes and programs that are mutually beneficial to all members of the consortium and can be used only for programs authorized under this title. Such funds may not be reallocated to individual members of the consortium for purposes or programs benefitting only one member of the consortium.*

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

Signature of chief school officer (in blue ink on hard copy submitted) Date

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

Chief school officer’s name (print)

# **Section 3.0 Local Compliance with Perkins V Provisions**

**3.1 Stakeholder Input**

**Local Advisory Council for CTE:** Per New York Consolidated Laws, Education Law: EDN §4601, this council is responsible for advising the board of education or board of cooperative education on the development of and policy matters arising in the administration of career and technical education, including long-range and annual program plans, and assist with annual evaluation of the programs, services, and activities provided by the school district of board of cooperative education. The Local Advisory Council for CTE is the small leadership team which, for the Perkins V Comprehensive Local Needs Assessment, was tasked with collecting data, conducting initial data analysis, disseminating data and supporting materials to the larger Stakeholder Group, coordinating and scheduling stakeholder meetings and feedback, and completing the CLNA based on all data and feedback. The Local Advisory Council members should be well-positioned to provide guidance to the Stakeholder Group concerning timelines, feedback, and review of all data and materials concerning the development of both the CLNA and the Local Application. Additionally, this council should be comprised of no less than 10 members from the groups identified in the table below.

|  |
| --- |
| Please check the types of involvement each of the groups below have had in the development of your local application [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 CTE and major industries in the service area  | [ ]  | [ ]  | [ ]  | [ ]  |
| Individuals familiar with CTE programs at the secondary and postsecondary  | [ ]  | [ ]  | [ ]  | [ ]  |
| Individuals familiar with the workforce needs and requirements of the service area (For the purpose of this grant, on-going collaboration is required with partners consisting of local workforce development boards, other local workforce agencies and one-stop delivery systems as described in section 121(e)(2) of the Workforce Innovation and Opportunity Act (29 U.S.C 3151(e)(2)  | [ ]  | [ ]  | [ ]  | [ ]  |
| 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** |
|       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  |

#  **Stakeholder Group Membership**

|  |
| --- |
| Describe how the following stakeholders provide counsel, direction, and assistance with respect to the planning, development, and requirements for establishment of new programs or evaluation and revision of existing programs to the smaller Local Advisory Council, which guides CTE decisions for districts and BOCES. Section 134(d).* Representatives of career and technical education programs in a local educational agency or educational agency or educational service agency, including teachers, career guidance and academic counselors, principals and other school leaders, administrators, and specialized instructional support personnel and paraprofessionals;
* Representatives of career and technical education programs at postsecondary educational institutions, including faculty and administrators
* Representatives of the State board or local workforce development boards and a range of local or regional businesses or industries;
* Parents and students;
* Representatives of special populations
* Representatives of regional or local agencies serving out-of-school youth, homeless children and youth, and at-risk youth (as defined in section 1432 of the Elementary and Secondary Education Act of 1965);
* Representatives of Indian Tribes and Tribal organizations in the State, where applicable; and
* Any other stakeholders
 |

List below individual members of the Stakeholder Group 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).

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

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

|  |
| --- |
| Advisory Council Activities |
|  Advisory Council meeting dates:       |

The signature of the Chief School Officer (CSO) indicates that the Local Advisory Council and Local Advisory Committee have been involved in development of recommendations of the proposed activities.

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

Signature of CSO Date

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

Name and title of CSO (print)

* 1. **Required Application Elements**

*Note: Questions 1 through 10 apply to all NYSED-approved programs offered by the recipient. Questions 11 and 12 apply to those NYSED-approved programs for which you are seeking funding. Question 13 applies to those programs for which the recipient would like to seek approval and have funded in the future.*

|  |  |
| --- | --- |
|  | How will students, including students who are members of special populations, learn about their school's CTE course offerings and whether each course is part of a NYSED-approved CTE program, ensuring equal access to high-quality CTE programming? **You may list multiple schools having the same strategy on one line. Add as many lines as you need.** [134(b)(2)(C)] |
| **Special Population** | **Identify Your Strategy for Communicating Course Offerings** |
| Choose an item. |  |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
| Choose an item. |       |
|  |
| 1. Describe how you will, in collaboration with local workforce employment boards and other local workforce agencies, one-stop delivery systems and other partners,
	1. provide career exploration and career development coursework, activities or services. [134(b)(3)(A)]
	2. provide students, families, and community members with 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 CLNA. [134(b)(3)(B)]

c. provide an organized system of career guidance and academic counseling to students before enrolling and while participating in a NYSED-approved CTE Program. [134(b)(3)(C)] |
|  |
|
|
|
|
|  | Describe how you will improve the academic and technical skills of students participating in these NYSED- approved CTE programs. How will you strengthen the academic and CTE components of this program through the integration of coherent and rigorous content aligned with challenging academic standards and a relevant CTE experience to ensure learning in the subjects that constitute a well-rounded education (as defined in section 8101 of the Elementary and Secondary Education Act of 1965)? [134(b)(4)] |
| **NYSED-approved CTE program to be strengthened identified in the CLNA** | **Strategy to integrate academics** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Describe how you will provide activities to prepare special populations for high-skill, high-wage, or in-demand industry sectors or occupations that will lead to self-sufficiency. **Add as many lines as you need**. [134(b)(5)(A)] |
|  | **Special Population** | **Identify how you will provide activities to prepare special populations for high skill, high-wage, or in-demand industry sectors or occupations.**  |
|  | Choose an item. |  |
|  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Describe how you will prepare CTE participants for non-traditional fields (occupations or fields of work, such as careers in computer science, technology and other current and emerging high-skill occupations, for which individuals from one gender comprise less than 25% of the individuals employed in each such occupation). [134(b)(5)(B)] |
|  |  |
|  | Describe how you will provide equal access for special populations to career and technical education courses, programs, and programs of study. [134(b)(5)(C)] |
|  |  |

|  |  |
| --- | --- |
|  7.  |  Outline your strategy to ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations. [134(b)(5)(D)] |
|  |  |
|  8. | Describe the **work-based learning** opportunities that you will provide to students participating in NYSED- approved CTE programs and your plan to work with representatives from employers to develop or expand work-based learning opportunities for CTE students. [134(b)(6)] **Add as many lines as you need.**  |
| **Identify the work-based learning opportunities that you will provide to students Identify the work-based learning opportunities** **that that you have provided to students enrolled in**  **NYSED-approved CTE programs.** | **Identify your plan to work with business and industry partners to expand work-based learning opportunities for these students.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  9.  | Describe how you will provide students participating in NYSED-approved CTE programs with the opportunity to gain **postsecondary credit** while still attending high school, such as through dual or concurrent enrollment programs or early college high school, as practicable. [134(b)(7)] |
| **Identify your strategy to provide CTE students with postsecondary credits** |
|  |
|  |
|  |
|  |
| **Identify the postsecondary institution you partner with for postsecondary credit or other benefits of articulation.**  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| 10.  | Describe how you will coordinate with the New York State Education Department and institutions of higher education to support the recruitment, preparation, retention, and training, including professional development, of teachers, faculty, administrators, and specialized instructional support personnel and paraprofessionals who meet applicable State certification and licensure requirements (including any requirements met through alternative routes to certification), including individuals from groups underrepresented in the teaching profession. [134(b)(8)] |
|  |
| 1. Describe how the results of the CLNA informed the selection of the specific career and technical education programs and activities selected to be funded. [134(b)(2)(A)]
 |
|  |

|  |  |
| --- | --- |
| 12.  | Describe how the applicant will address disparities or gaps in performance for programs identified in question 11, and if no meaningful progress has been achieved prior to the third program year, describe any additional actions the applicant will take to eliminate those disparities or gaps. [134(b)(9)] |
|  |

|  |
| --- |
| 1. Describe any new program(s) of study that the applicant will develop and submit to the State for approval to become eligible for future funding. [134(b)(2)(B)]
 |
|  |
|
|
|
|

# **Section 4.0: Local Plan and Perkins V Uses of Funds**

**Funding for NYSED-Approved Programs Only:** Activities that improve or evaluate active NYSED-approved CTE programs can be funded. Funds cannot be applied to programs that are not NYSED-approved.

**Needs Assessment:** Uses of funds in this section will all be tied to needs identified in the Comprehensive Local Needs Assessment (CLNA) and CLNA Summary. Each recipient will address those identified needs with funding priorities in the 2020-2021 program year. Funds should be directed towards activities that support the lowest-performing programs or address urgent labor market needs.

### Local Compliance with Perkins V Uses of Funds

Projects developed to improve student outcomes also need to document that the planned activities address the six uses of funds specified in Perkins V. The six uses of funds are:

1. Offering students career exploration and career development activities
2. Providing instructors professional development
3. Building the skills students need to pursue careers in high skill, high wage or in-demand industry sectors
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

It is not necessary for a single project to cover all uses. Ideally, the combination of all funded projects should account for all/most of the six uses.

The comprehensive local needs assessment (CLNA) to be completed by April 2020, will evaluate all NYSED-approved CTE programs. The expectation is that programs demonstrating the lowest student performance, according to Data Source 1 (Program Level Performance Report), will be funded first.

|  |
| --- |
| Advisory Council Activities |
| List recommendations made based on the analysis of the CLNA and the completed CLNA Summary.  |

Create a **one-year** plan of action steps (with budget codes noted) for FY 2020-2021 projects, services, and activities **specifically**, which will be carried out to address the needs identified in the CLNA Summary. Include **detailed information about dates, data that supports the action, and expected measurable outcomes.** Use labor market data as well as local data to make data-driven decisions, including: stakeholder recommendations, input from business and industry partners, student surveys, and student career assessments (*Perkins V Sec. 134. [20 U.S.C. 2354] Local Application for Career and Technical Education Programs B (1-9))*

*BUDGET CODES*

|  |  |
| --- | --- |
| **Budget Category**Professional ServicesSupport Staff SalariesPurchased ServicesSupplies and MaterialsTravel ExpensesBOCES ServicesMinor RemodelingEquipment | **Budget Code**1516404546493020 |

|  |  |  |  |
| --- | --- | --- | --- |
| **NYSED- approved CTE Program Title** | **Identified Needs, based on CLNA Summary** | **Action Steps to address needs including dates, data, and expected outcomes. \* include a budget code with each action step, i.e., 40 purchased services.** | **Use of Funds # *(Click on drop down box to select)*** |
|   |  |  | Choose an item. |
|   |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |

**BUDGET SUMMARY**

Total all codes from the action steps outlined above. Complete the worksheets that follow to itemize employee benefits (Code 80) and to determine indirect costs, (Code 90).

|  |  |  |
| --- | --- | --- |
| 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](#sp1employeeBenefitsWorksheet)) | 80 |  0 |
| Indirect Cost ([see worksheet below](#sp1indirectCostWorksheet)) | 90 | 0 |
| BOCES Services  | 49 |       |
| Minor Remodeling  | 30 |       |
| Equipment | 20 |       |
| TOTAL for this State Priority*[auto calculated]* | 0 |

##### 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.

|  |  |  |
| --- | --- | --- |
| Agency Fringe Benefit Rate | Project Salaries | Proposed Expenditure |
|      % |       | 0 |

Section II—Itemize Specific Categories of Benefits

|  |  |
| --- | --- |
| Benefit | Proposed Expenditure |
| Social Security |       |
| Retirement (NYS Teachers, NYS Employees, Other) |       |
| Health Insurance |       |
| Worker's CompensationUnemployment Insurance |       |
| Other (Identify)      |       |
| TOTAL, for Identified Salary Needs *[auto calculated]* | 0 |

##### 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Priority 1: Program Evaluation) *[auto calculated]* | $ |  0.00 | I |

# 5.0 [ ] [ ]  Required Budget, Assurances, and Certifications

*The cost items in this application are used by grant reviewers to evaluate the proposal. If the grant application is approved, the state budget form, FS-10, is sent to NYSED’s Grants Finance Office for payment processing. Missing information or detail in the FS-10 delays the release of funds.*

## 5.1 FS-10 Proposed Budget for Federal or State Grant Form Submission

**HARD COPY FORM AND SIGNATURE REQUIRED**: Complete FS-10 Proposed Budget for Federal or State Project, Excel versionavailable at the [Grants Finance forms page](http://www.oms.nysed.gov/cafe/forms/). When completing the FS-10 budget forms, use the most recent form on the Grants Finance webpage, do not use a local copy stored on your computer.

##### FS-10 Reminders

* *All budget items requested require specific detail to identify the item, its purpose, quantity, unit cost, etc. An itemized list in an additional Word or Excel file is allowed if number of items exceed space on the FS-10****.***
* *Items required for normal operations of a school, or to comply with state or federal law cannot be purchased with Perkins funds—this would constitute supplanting. Examples include*
	+ *consumable supplies needed for normal operations of the technical program*
	+ *costs (e.g., field trip transportation) that are generally covered by local funds, cannot be charged to Perkins*
	+ *cost items that are not necessary to complete the project proposed in this application*

*For more information, see the federal Uniform Guidance* 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)

## 5.2 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 need identified in the CLNA or CLNA Summary 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 project is not considered an administrative cost.

[ ] [ ]

**Allocations:** 2020-2021 allocations are posted on [Perkins home page](http://www.p12.nysed.gov/cte/perkins4/title1.html).

## 5.3 Statement of Assurances for Secondary Perkins Basic Grant Recipients 2019-20: 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](http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5).

The 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.

Agency complies 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 CTE programs that are of a size, scope, and quality as to bring about improvement in the quality of education offered by the recipient.

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

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

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

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

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

## 5.4 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;

I 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;

I 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;

I 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;

I 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), I, 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)

**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.

##

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