**Appendix 3 – Local Grant Goals Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERKINS V LOCAL GRANT GOALS**

**Goal 1: Career Exploration and Career Guidance**

**Describe specific activities by which your institution, in collaboration with local workforce development boards and other local workforce agencies, will provide career exploration and career guidance to students?** *[Perkins V Sec. 134(b)(3)].*

|  |  |  |
| --- | --- | --- |
| **Goal 1** | **Line 1** | **Funding****$** |
|  | **Description of the Activity:** |
| **How does this activity relate to the Needs Assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year Local Application goals? (Specific section/page number)**       |
| **How will success be measured?**        |
| **Dec 1**  |       |
| **Mar 1**  |       |
| **Final** **Outcomes** |       |

|  |  |  |
| --- | --- | --- |
| **Goal 1** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **How does this activity relate to the Needs Assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year Local Application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 1:**       |

**Appendix 3 – Local Grant Goals**

**Goal 2: Integration of Academics and CTE**

**Describe specific activities by which your institution will** **improve the academic and technical skills of students participating in career and technical education programs?** *[Perkins V Sec. 134(b)(4)].*

|  |  |  |
| --- | --- | --- |
| **Goal 2** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 2** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 2:**       |

**Appendix 3 – Local Grant Goals**

**Goal 3: Special Populations**

**Describe specific activities by which your institution will** **prepare special populations for high-skill, high-wage, or in-demand industry sectors, prepare CTE participants for non-traditional fields, provide equal access, and ensure non-discrimination (minimum of 5%)?** *[Perkins V Sec. 134(b)(5)].*

|  |  |  |
| --- | --- | --- |
| **Goal 3** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **Which special population(s) will be affected by this activity? Check all that apply.****\_\_ Individuals with disabilities****\_\_ Individuals from economically disadvantaged families, including low-income youth and adults****\_\_ Individuals preparing for non-traditional fields****\_\_ Single parents, including single pregnant women****\_\_ Out-of-workforce individuals****\_\_ English learners****\_\_ Homeless individuals****\_\_ Youth (under 21 years of age) who are in, or have aged out of, the foster care system** **\_\_ Youth (under 21 years of age) with a parent who is a member of the armed forces and is on active duty** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 3** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **Which special population(s) will be affected by this activity? Check all that apply.****\_\_ Individuals with disabilities****\_\_ Individuals from economically disadvantaged families, including low-income youth and adults****\_\_ Individuals preparing for non-traditional fields****\_\_ Single parents, including single pregnant women****\_\_ Out-of-workforce individuals****\_\_ English learners****\_\_ Homeless individuals****\_\_ Youth (under 21 years of age) who are in, or have aged out of, the foster care system** **\_\_ Youth (under 21 years of age) with a parent who is a member of the armed forces and is on active duty** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 3:**       |

**Appendix 3 – Local Grant Goals**

**Goal 4: Work-based Learning/Employability Skills**

**Describe specific activities by which your institution will** **provide work-based learning opportunities and employability skill training to students?** *[Perkins V Sec. 134(b)(6)].*

|  |  |  |
| --- | --- | --- |
| **Goal 4** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 4** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 4:**       |

**Appendix 3 – Local Grant Goals**

**Goal 5: Secondary/Postsecondary Alignment**

**Describe specific activities by which your institution will** **provide CTE students with the opportunity to gain postsecondary credit while still attending high school?**

*[Perkins V Sec. 134(b)(7)].*

|  |  |  |
| --- | --- | --- |
| **Goal 5** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 5** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 5:**       |

**Appendix 3 – Local Grant Goals**

**Goal 6: Professional Development**

**Describe specific activities by which your institution will** **provide training and professional development of Perkins-approved CTE program faculty, staff, and specialized instructional support personnel?**

*[Perkins V Sec. 134(b)(8)].*

|  |  |  |
| --- | --- | --- |
| **Goal 6** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

|  |  |  |
| --- | --- | --- |
| **Goal 6** | **Line 2** | **Funding****$** |
|  | **Description of the Activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 6:**       |

**Appendix 3 – Local Grant Goals**

**Goal 7: Programs of Study**

**Describe specific activities by which your institution will** **implement a coordinated, non-duplicative sequence of academic and technical content starting with secondary education and resulting in attainment of a postsecondary credential?** *[Perkins V Sec. 134(b)(2)].*

|  |  |  |
| --- | --- | --- |
| **Goal 7** | **Line 1** | **Funding****$** |
|  | **Description of the activity** |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 7** | **Line 2** | **Funding****$** |
|  | **Description of the activity**       |
| **How does this activity relate to the needs assessment? (Specific section/page number)**       |
| **How does this activity support the 4-year local application goals? (Specific section/page number)**       |
| **How will success be measured?**       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 7:**       |

**Appendix 3 – Local Grant Goals**

**Goal 8: New Program Development (optional)**

**How will your institution use Perkins funds toward new CTE program development (maximum of 5%)?**

|  |  |  |
| --- | --- | --- |
| **Goal 8 Line 1** | **Program Name:** **Program CIP:** | **Funding****$** |
|  | **Program Description**:       |
| **Plan of action and specific expenditures:**       |
| **How does this program relate to the needs assessment? (Specific section/page number)**       |
| **Status of program development:**       |
| **Timeline for submission for KBOR approval**:       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| --- | --- | --- |
| **Goal 8 Line 2** | **Program Name:** **Program CIP:** | **Funding****$** |
|  | **Program Description**:       |
| **Plan of action and specific expenditures:**       |
| **How does this program relate to the needs assessment? (Specific section/page number)**       |
| **How does this program support the 4-year local application goals? (Specific section/page number)**       |
|  | **Status of program development:**       |
|  | **Timeline for submission for KBOR approval**:       |
| **Dec 1** |       |
| **Mar 1** |       |
| **Final** **Outcomes** |       |

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| **Total Perkins Funding Requested for Goal 8:**       |

**Appendix 3 – Local Grant Goals**

**Goal 9: Administrative Costs (optional)**

**How will your institution use Perkins funds toward administration of the Perkins Local Grant (maximum of 5%)?**

|  |  |  |
| --- | --- | --- |
| **Goal 9** | **Line 1** | **Funding****$** |
|  | **Required Description of the activity** |
| **Dec 1** |  |
| **Mar 1** |  |
| **Final****Outcomes** |  |

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| --- |
| **Total Perkins Funding Requested for Goal 9:**  |