****

**Kansas Board of**

 **Regents**

***The Carl D. Perkins***

***Strengthening Career and Technical Education***

***for the 21st Century Act***

**Guidelines**

**for Supplemental Documents**

**Local Application**

**Program Improvement Funds**

**Progress Report Deadlines: 5:00 p.m. C.S.T., December 1, 2019 and March 1, 2020 with the Final Report on August 16, 2020**

**Table of Contents**

1. **Progress Reports 3**
2. **Advisory Committee Meetings 3**
3. **Time & Effort Reporting 3**
4. **Revisions to an Approved Grant 4**
5. **Equipment 5**
6. **Supplemental Documents 6**
7. **Handbook 6**

**Appendix Documents**

**Appendix W 7**

 **Advisory Committee Minutes Template**

**Appendix X 8**

 **Semi-Annual Certification (Time and Effort)**

**Appendix Y 9**

 **Personnel Activity Report (Hourly Time and Effort)**

**Appendix Z 10**

 **Personnel Activity Report (Percentage Time and Effort)**

**Appendix AA 11**

 **Grant Revision Request Form**

**Appendix BB 12**

 **Perkins State I.D. Tag Request & Assignment**

**Appendix CC 13**

 **Internal Professional Development Request Template**

**Appendix DD 14**

 **Internal Equipment Request Template**

**Appendix EE 15**

 **Internal Professional Development Follow-up Template**

**Appendix FF 16**

 **Notice of Disposal – Perkins Tagged Equipment**

**Monitoring and Optional Document Information**

1. **Progress Reports**

Grant recipients must provide two progress reports -- on or before **December 1st** and on or before **March 1st** -- detailing the status of all project activities and expenditures, and time and effort records as of that date. A final narrative and final expenditure report forms must be submitted no later than **August 16, 2020**. All Progress Reports should be submitted electronically with just the preparer’s signature on the Budget Matrix and the Budgeted Breakdown of Expenses. The Final Report should also be submitted electronically with all signatures (president & preparer’s signature on the Budget Matrix and the Budgeted Breakdown of Expenses).

**Progress Reports** include the following information:

* Program Improvement Appendix I
* Budget Matrix Form (signed by preparer) Appendix L
* Budgeted Breakdown of Expenses (signed by preparer) Appendix M
* Time & Effort Report Appendices X, Y, and/or Z
1. **Advisory Committee Meetings**

**2.1** **Meeting Scheduling:** Meetings are conducted a minimum of twice each academic year with a focus on evaluating the current program(s). Annual discussion should include an evaluation of why the program exists, the number of graduates, the number employed in the field, wage data related to the program and the credential or degree earned.

 **2.2 Minutes:** Minutes are kept by the Committee Secretary and distributed to the members prior to the meeting to allow for review. Minutes and other Advisory Committee activity records should be filed with the college’s Perkins Coordinator. Minutes are to be kept in a convenient location so as to be available for review by the public and for Carl D. Perkins Monitoring visits.

* 1. For more information please see the Advisory Committee Handbook on the KBOR Website.
1. **Time & Effort Reporting**

The Administrator’s Handbook on EDGAR (3rd Edition) provides the standards on time reporting and labor charges to Federal awards. Eligible institutions are responsible for compliance with the standards.

Time and attendance reporting systems are used to document whether an employee was on the job or absent on leave. Any employee paid, whole or in part, with federal funds must maintain time and effort reporting.

If an employee works solely on a single federal award or cost objective (100% of the time), the activity must be supported with a Semi-Annual Certification (Appendix X). The certification documents the employee worked solely on an activity for the period covered, must be prepared at least semi-annually, and signed and dated by the employee or supervisor having firsthand knowledge of the work performed by the employee.

If an employee works on two indirect cost activities that are allocated using different bases, a Personnel Activity Report (PAR) is required (see Appendices Y or Z). If the institution maintains a similar document for reporting time and effort, it may suffice as a replacement for Appendices Y or Z. Contact the Perkins liaison for approval.

1. **Revisions to an Approved Grant**

To facilitate smooth auditing of all Carl Perkins Program Improvement Grants, institutions should utilize a specific protocol when initiating revisions. Revisions will be considered after the annual Carl Perkins Program Improvement Grant has been submitted, accepted, and approved by KBOR. Please use the following format for any subsequent revision requests:

1. Call or e-mail your designated Associate Director of Career Technical Education at KBOR to discuss the proposed revisions to the grant, including the rationale for requesting the revision.
2. For revisions within the same goal category: **Required Document-Grant Revision Request Form.** If the revisions involve transferring funds within the same goal category, the request should be submitted, via email, using the “Perkins Program Improvement Grant Revision Request” form (Appendix AA). Consideration of the request and notice of approval (if granted) will be through email correspondence. All revisions should be reflected in the subsequent Progress Report (see next section).
3. For revisions between goal categories: **Required Documents-Grant Revision Request Form & Budgeted Breakdown of Expenses.** If the revisions involve transferring funds from one goal category to another goal category, the request should be submitted, via email, using the “Perkins Program Improvement Grant Revision Request” form (Appendix AA). Revisions will be considered upon receipt of the completed revision form, including acknowledgement that fiscal/accounting at your institution has been notified of the change, and a revised Breakdown of Expenses (Appendix M) with the preparer’s signature only. Notification of approval (if granted) will be through email correspondence. All revisions should be reflected in the subsequent Progress Report (see Reporting Requirements section).
4. For revisions to Goal #5 Professional Development: A revision request is required if a NEW activity is added which was not on the approved application. If fund amounts for approved Professional Development change within the goal (ex: costs are more or less than estimated), NO revision request is required.
5. For revisions to Equipment: The Revision Request form is required if a new piece of equipment is to be purchased that was not on the original application. If fund amounts are changing within the goal (ex: costs are more or less than estimated), NO revision request is required.

All revision requests must be approved by KBOR staff **prior** to the occurrence of the revised activity/expenditure. If revisions are not approved prior to the occurrence of the activity, your institution may be cited for non-compliance and may be subject to a Corrective Action plan.

Revision requests are due on or before **May 17, 2020**, unless authorized by KBOR staff. This will allow more timely and efficient audits of the grants. However, if you have funds that have not been spent, contact KBOR for guidance to avoid an unnecessary return of funds.

1. **Equipment**

**5.1 Management:** Procedures for managing equipment (including equipment with a value of less than $5,000), whether acquired whole or in part with grant funds, until disposition takes place will, at a minimum, meet the following requirements:

(1) Property records must be maintained that include a description of the property, a serial number or other identification number (Perkins ID tag or institutional asset tag), the source of property, who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data, including the date of disposal and sale price of the property, if applicable.

(2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.

(3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft shall be investigated.

(4) Adequate maintenance procedures must be developed to keep the property in good condition.

(5) If the grantee or sub-grantee is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

**5.2 Disposal:** When equipment acquired with Perkins funds or a combination of Perkins and local monies is no longer needed for the intended purposes, disposition of the equipment will be made as follows:

1. Items of equipment with a current per-unit fair market value of less than $5,000.00 may be retained, sold, or otherwise disposed of with no further obligation to the awarding agency.
2. Items of equipment with a current per-unit fair market value in excess of $5,000 may be retained or sold and the awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency’s share of the equipment.

A Notice of Disposal (Appendix FF) of this equipment must be sent to the Kansas Board of Regents.

1. **Supplemental Documents**

Appendices CC, DD and EE are suggestions for internal tracking of the Perkins Program Improvement Grant activities and funds. These documents may be helpful in assuring your institution is compliant with The Administrator’s Handbook on EDGAR (3rd Edition), 2 CFR Part 200.

1. **Handbook**

For further information on the Perkins Program Improvement Grant, please see the “Perkins Grant Fund Handbook” on the Perkins page of the KBOR website [**www.kansasregents.org**](http://www.kansasregents.org)

**Appendix W**

***Advisory Committee Meeting Minutes Template***

**Community/ Technical College**

**Specific CTE Program / CIP Code**

**Program Advisory Committee Meeting**

**Date**

**6:30 pm** Advisory Board Dinner

**Insert Name**, Dean of Instruction, welcomed the PAC Groups and thanked them for their support in the meeting the mission of **Institution Name**.

**7:40 pm** The annual PAC meeting for the dental programs was called to orderwith the following PAC members present:

**List members present**

 PAC members absent: **List members not in attendance**

**Approval of Previous Meeting Minutes**

 **Insert Name** moved to approve the minutes as read, **Insert Name** second, minutes approved as read.

**Review of College Mission & Vision Statements –** HLC accreditation is in process and as part of the annual review we ask the PAC members to review the College Mission and Program Missions. Typos within the documents were corrected; a motion to approve the mission statements was made by **Insert Name** and second by **Insert Name** approved with corrections.

**Review of Curriculum for each program was completed no changes were recommended at this time.**

**Insert Name recommended that the PAC** members consider having only **Insert Institution Name** students be accepted to the program as a matter of tracking the educational process and information standards. Currently students from other programs in the state do not hold to the same standard as the institution’s program and there is no time to provide remedial instruction. Students from other programs are not prepared for the examinations and rigorous program requirements.

It was determined that this needed to have considerable thought and policy changes would need to be reworked and as such we would table this discussion until the spring meeting at which time the program faculty would bring a proposal to the PAC as a recommendation.

**OLD Business:** none

**NEW Business:**

**Insert Name** **suggested** that we move a paperless system within the programs -he is meeting with a vendor tomorrow and will inquire as to what they might be able to help us with in terms of providing software and equipment to the programs.

**Insert Name** needs an autoclave in his area. **Insert Name** said that she would see what she could do in terms of getting him this piece of equipment.

No other new business.

**Major Program Issues** - none

**Insert Name** made the motion to adjourn the meeting a second by **Insert Name**. Motion passed

**8:10 pm Meeting Adjourned**

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**Appendix X**

**Semi-Annual Certification**

This is to certify that Jane Doe has worked 100% of his/her time for the period January 1, 20­­\_\_ through June 30, 20\_\_ on State Administration.

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

Signature of Employee

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

Printed Name of Employee

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

Date

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

Signature of Supervisor

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

Printed Name of Supervisor

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

Date

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**Appendix Y**



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**Appendix Z**

**Monthly Personnel Activity Report (PAR)**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: from\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_(monthly)

|  |  |  |
| --- | --- | --- |
| **Percent** **of Time** | **Funding Stream** | **Activities** |
| % | Perkins Grant |  |
| % | Reserve Grant |  |
| % | Leadership Grant  |  |
| % | Other |  |
| **100%** | **TOTAL** |  |

This is to certify that I have worked 100% of my time for the period according to the funding stream indicated above.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ (must be signed **after** the period reported in this PAR)

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**Appendix AA**

**Perkins Program Improvement Grant Revision Request FY 20\_\_**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Revision #: \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal/Accounting notified (yes / no): \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Goal #** **Line #** | **Current**  | **Funding****$** |
| **Goal #** **Line #** | **Revised**  | **Funding****$** |
|  |  |  |
| **Goal #** **Line #** | **Current**  | **Funding****$** |
| **Goal #** **Line #** | **Revised**  | **Funding****$** |
|  |  |  |
| **Goal #** **Line #** | **Current**  | **Funding****$** |
| **Goal #** **Line #** | **Revised**  | **Funding****$** |

**NOTE: If transferring funds from one goal to another goal the request:**

1. **Must include a revised Breakdown of Expenses with preparer’s signature only.**
2. **Must include confirmation that fiscal/accounting on your campus has been notified of revision. (see box above).**
3. **Update Appendix I prior to the next Progress Report (December, March and Final).**

Approved [ ]

Denied [ ]  Reasoning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 KBOR Signature Date

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*Rev. Mar2019*

**Appendix BB**

**PERKINS IV STATE I.D. TAG REQUEST & ASSIGNMENT**

Name of Educational Institution

Name of Institutional Contact Title Phone Email address

PO Box/Street Address City Zip Code

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description of Equipment | Model/Serial No. | Cost per Unit | $ Amount of Perkins Funds Used | Purchase Date | Tag No. | Program CIP |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KBOR Representative Title Date

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*Rev. Mar2019*

**Appendix CC**

**Carl Perkins Requests – Professional Development**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description (Type of activity, provider, location, dates, etc.):

|  |  |  |
| --- | --- | --- |
| **Detailed Budget** | **Cost** | **Description** |
| Registration |  |  |
| Lodging |  |  |
| Airfare |  |  |
| Meals |  |  |
| Mileage |  |  |
| Substitute |  |  |
| Total: |  |  |

If this request is fulfilled, the impact on the department will be:

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Appendix DD**

**Carl Perkins Requests – New Equipment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description (Equipment specification, vendors, etc.):

|  |  |  |
| --- | --- | --- |
| **Detailed Budget** | **Cost** | **Description** |
| Equipment |  |  |
| Accessories |  |  |
| Software |  |  |
| Shipping |  |  |
| Installation |  |  |
| Training |  |  |
| Total: |  |  |

If this request is fulfilled, the impact on the department will be:

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Appendix EE**

**Professional Development Follow-Up Report**

[ ] Perkins Funding

[ ] Other Funding Source (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Expenditures: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a summary of how the training or equipment will benefit student learning. Address one or more of the categories below.

 Impact on program:

1. Improve teaching strategies.
2. Improve student assessment techniques and use of data to improve instruction.
3. Program improvement (including all aspects of the industry, program accreditation, special populations, etc.)
4. Training in the use and application of technology, skills and /or knowledge to improve instruction for the specific industry.

**Please provide summary here:** I now know . . .

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**Appendix FF**

**NOTICE OF DISPOSAL -- PERKINS TAGGED EQUIPMENT**

Name of Educational Institution

Name of Institutional Contact Title Phone e-mail address

PO Box/Street City zip code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of Equipment | Purchase Price | Purchase Date | Current Market Value | Tag No. | Disposal Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Disposition of the equipment was made as follows (check box):

[ ]  Equipment (with a current per-unit fair market value of less than $5,000.00) retained, sold, or otherwise disposed of with no further obligation to the awarding agency; or

[ ]  Equipment (with a current per-unit fair market value in excess of $5,000.00) retained or sold, with a resulting profit of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency’s share of the equipment).

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

Signature of Authorized Administrator Title Name of Authorized Administrator

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