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**LOCAL GRANT APPLICATION**

**2021 - 2024**

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

***(Perkins V)***

**Application Deadline: 5:00 p.m. C.D.T., May 16, 2022**

**NAME OF INSTITUTION:**

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**Instructions:**

The following application spans grant years 2021-2024. Each eligible recipient must complete this application in order to receive Perkins funding. Eligible recipients will have the opportunity to update the application on an annual basis.

In addition, based on this application and the regional needs assessment, each eligible recipient will submit a yearly activity and budget forms, as well as two progress reports, and the final report.

Additional detailed information may be found in Section 134 of the *Strengthening Career and Technical Education for the 21st Century Act.*

**Performance Target Negotiation:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CORE INDICATOR | Actual AY2020 Performance | Negotiated AY2020 Target (Complete) | Actual AY2021 Performance | Negotiated  Target AY2021 | Negotiated  Target AY2022 | Negotiated  Target AY2023 | Negotiated  Target AY2024 |
| 1P1 Placement |  |  |  |  |  |  |  |
| 2P1 Credential |  |  |  |  |  |  |  |
| 3P1 Non-Trad Concentration |  |  |  |  |  |  |  |

Institution accepts the negotiated targets.

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President Signature Date

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Signature of KBOR Official Date

**Perkins Eligible Programs:**

List all **existing** technical programs which may be funded with the Perkins Local Grant within the span of the application:

Certificates and Associate of Applied Science (CERT and AAS) criteria:

1. Designated as “Technical Program” in KHEDS
2. No instructor/trainer/teacher programs or Workforce Aid programs
3. Aligned at the state level (for select aligned programs). Visit <https://kansasregents.org/workforce_development/program-alignment> for the list of aligned programs at the state level.
4. Addressed and evaluated in the Comprehensive Local Needs Assessment
5. Minimum 6 concentrators (average over the previous two academic years)

Stand-Alone Parent Program (SAPP) criteria:

1. Designated as “Technical Program” in KHEDS
2. No instructor/trainer/teacher programs or Workforce Aid programs
3. Leads to an industry-recognized credential
4. Leads to a specific occupation
5. Addressed and evaluated in the Comprehensive Local Needs Assessment
6. Minimum 6 concentrators (average over the previous two academic years)

NOTE: All technical programs must go thought the established KBOR program approval process. New programs complete form CA-1; modifications require form CA-2. If a program does not meet all criteria for Perkins funds eligibility, form CA-1c must be submitted to the Board Office in order to be considered for funding. Possible future programs should not appear on this list.

All following programs are verified as “Technical” in the KHEDS System. Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CIP | KHEDS Program Name | Award Level(s)  (CERT A, CERT B, CERT C, AAS, SAPP) | Program Aligned at the State Level?  (Yes or No) | Does the State Alignment Map match college catalog and website?  (Yes or No) | Provide Q#, section, or page number from CLNA where program is evaluated |
|  |  |  |  |  |  |
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*Add rows as needed*

**Application Narrative:**

*The eligible agency shall determine the requirements for the local applications, except that each local application shall contain… Sec 134(b) the following:*

1. Describe the results of the comprehensive needs assessment. (Sec. 134(b)(1))

|  |  |  |
| --- | --- | --- |
| Required Component | What data was used?  What process was used?  What were the findings? | List of stakeholders consulted by name and role. |
| Evaluation of Student Performance |  |  |
| Program Size, Scope and Quality |  |  |
| Program Alignment to Industry Needs |  |  |
| Progress Toward Programs of Study |  |  |
| Recruitment, Retention and Training of CTE Educators |  |  |
| Progress Toward Improving Access & Equity |  |  |

1. List CTE course offerings and activities that will be provided with Perkins funds. (Sec. 134(b)(2))
2. How did the local needs assessment inform the selection of CTE programs and activities selected to be funded?
3. Describe any new programs of study that will be developed for the state’s approval
4. Describe how students, including students who are members of special populations, will learn about CTE course offerings and whether each course is part of a CTE Program of Study.
5. Consider the required collaboration with local workforce development boards, other local workforce agencies, one stop delivery systems and other partners to provide the following information (Sec. 134(b)(3))
   1. Describe how, in collaboration with the above partners, career exploration and development coursework, activities or services will be provided
   2. Describe how, in collaboration with the above partners, career information on employment opportunities that incorporate the most up-to-date information on high-skill, high-wage or in-demand occupations as determined by the local needs assessment will be provided
   3. Describe how, in collaboration with the above partners, an organized system of career guidance and academic counseling will be provided to students before enrolling and while participating in CTE programs.
6. Describe how the eligible recipient will improve academic and technical skills of CTE students through the integration of coherent and rigorous content aligned with academic and CTE standards to provide a well-rounded education. (Sec. 134(b)(4))
7. Describe how the eligible recipient will address the following areas regarding special populations (Sec. 134(b)(5))
   1. Describe how the eligible recipient 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.
   2. Describe how the eligible recipient will prepare CTE participants for non-traditional fields.
   3. Describe how the eligible recipient will provide equal access for special populations to career and technical education courses, programs, and programs of study.
   4. Describe how the eligible recipient will ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations.
8. Describe the work-based learning opportunities that will be provided to students in career technical education programs. (Sec. 134(b)(6))
   1. Describe in detail the coordination and collaboration with local employers to develop or expand work-based learning opportunities?
9. Describe opportunities for students attending high school to gain postsecondary CTE credit through dual, concurrent or early college programs. (Sec. 134(b)(7))
10. Describe efforts to support the following: (Sec. 134(b)(8))
    1. Recruitment of CTE teachers, faculty, administrators, and other CTE professionals
    2. Preparation of CTE teachers, faculty, administrators, and other CTE professionals
    3. Retention of CTE teachers, faculty, administrators, and other CTE professionals
    4. Training and professional development of CTE teachers, faculty, administrators, and other CTE professionals
    5. How individuals from underrepresented groups will be recruited and retained
11. Describe existing gaps or disparities in performance for each subpopulation. (Sec. 134(b)(9)) – **Required for FY23. Use FY20 student performance data disaggregated by special population and protected group (from the CLNA data).**
    1. In the table below:
    2. List all existing gaps
    3. Describe activities that will address the gaps

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Core Indicator | Special Population Group Name | Institutional Target | Special  Population Performance | Activities Addressing the Gap |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add rows as needed

* 1. If the gaps have existed for three years, describe additional actions which will be taken to eliminate those gaps and disparities? **(Must be addressed once 3 years of data is available, not required for FY23)**

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Preparer Signature Date

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President Signature Date

**DO NOT WRITE BELOW THIS LINE**

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KBOR AUTHORIZED SIGNATURE DATE