**Appendix 1 – Cover Page** updated March 2024

**FY\_\_\_\_\_\_\_ PERKINS LOCAL GRANT**

**NAME OF INSTITUTION:**

**Contact Persons for**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name & Position** | **Telephone** | **Email Address** |
| Perkins Coordinator |  |  |  |
| Backup Perkins Coordinator |  |  |  |
| Finance/Business Office |  |  |  |
| Data/Institutional Reporting |  |  |  |

**Submission Checklist**

4-Year Local Application update (Signed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Appendix 1 - Cover Page (Signed) |  |  | Appendix 5 - Breakdown of Expenses, (Section B Signed) |
|  | Appendix 2 - Contracts, Assurances, etc. (Signed) |  |  | Appendix 6 - Equipment |
|  | Appendix 3 - Local Grant Goals |  |  | Appendix 7 - Resources, Computing Devices, Software |
|  | Appendix 4 - Program Budget Matrix (Signed) |  |  | Appendix 8 - Professional Development |

**Perkins Eligible Programs Funded in this FY**

|  |  |  |  |
| --- | --- | --- | --- |
| CIP | KHEDS Program Name | Award Level(s) (CERTA, CERTB, CERTC, AAS, SAPP) | Aligned with State Program Alignment?  (Yes, No, N/A is only for programs not aligned in the State of KS) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add rows as needed

*Signature of President or Authorized Administrator Date*

**STATE USE ONLY—DO NOT WRITE BELOW THIS LINE**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1) Career Exploration and Career Guidance**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) Integration of Academics and CTE**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) Special Populations**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) Work-based Learning/Employability Skills**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5) Secondary/Postsecondary Alignment**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6) Professional Development**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (7) Programs of Study**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8) New Program Development**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (9) Administrative Costs**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10) Corrections (if applicable)**

**Signature of KBOR Authorized Representative Date**