**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?** | |
| **How does this activity support the 4-year Local Application goals?** | |
| **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?** | |
| **How does this activity support the 4-year Local Application goals?** | |
| **How will success be measured?** | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

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

**Appendix 3 – Local Grant Goals**

**Goal 2: Integration of Academics and CTE (Local Grant)**

**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?** | |
| **How does this activity support the 4-year local application goals?** | |
| **How will success be measured?** | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

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

|  |  |  |
| --- | --- | --- |
| **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?** | |
| **How does this activity support the 4-year local application goals?** | |
| **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?** | |
| **How does this activity support the 4-year local application goals?** | |
| **How will success be measured?** | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

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

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

|  |
| --- |
| **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?** | |
| **How does this activity support the 4-year local application goals?** | |
| **How will success be measured?** | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

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

|  |
| --- |
| **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?** | |
| **How does this program support the 4-year local application goals?** | |
| **Status of program development:** | |
| **Timeline for submission for KBOR approval**: | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

|  |  |  |
| --- | --- | --- |
| **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?** | |
| **How does this program support the 4-year local application goals?** | |
|  | **Status of program development:** | |
|  | **Timeline for submission for KBOR approval**: | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

|  |
| --- |
| **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** |  | |

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

**Appendix 3 – Local Grant Goals**

**Goal 10: Corrections Support (if applicable)**

**How will your institution use Perkins funds to support programs offered at the correctional facilities?**

|  |  |  |
| --- | --- | --- |
| **Goal 10** | **Line 1** | **Funding**  **$** |
|  | |  |  | | --- | --- | | Facility Name: | | | List Participating CTE Programs at each Facility: | | | Summary of the Project: | | | Budget: | | | *CTE Salaries* | $ | | *Career Guidance Services* | $ | | *CTE Equipment* | $ | | *Professional Development* | $ | | *Travel* | $ | | *Instructional resources/materials  (non-consumable)* | $ | | *Other (add rows as needed)* | $ | | Total | $ | | Budget narrative: | | | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

|  |
| --- |
| **Total Perkins Funding Requested for Goal 10:** |

**Goal 11: Integration of Academics/ABE and CTE (Supplemental)**

**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)].**For additional line items, copy the table as needed.*

|  |  |  |
| --- | --- | --- |
| **Goal 11** | **Line 1** | **Total Funding (AEFLA + Perkins)**  **$** |
|  | **Project Manager Name:**  **Project Manager Position:**  **Project Manager Email & Phone:** | |
|  | **Program Name(s) and CIP(s):**  **Program Location(s):** | |
|  | **Description of the activity with specific activities listed:** | |
| **Sustainability Plan for the activity (how will the activity be funded past this award?):** | |
| **List Adult Education Expenditures** | **AEFLA Funding**  **$** |
| **List Perkins Expenditures** | **Perkins Funding**  **$** |
| **How does this activity relate to the needs assessment?** | |
| **How does this activity support the 4-year local application goals?** | |
| **How will impact/success be measured?** | |
| **Dec 1** |  | |
| **Mar 1** |  | |
| **Final**  **Outcomes** |  | |

|  |
| --- |
| **Total Perkins Funding Requested for Goal 11: $** |
| **Total AEFLA Funding Requested for Goal 11: $** |