This application should be used for new programs (currently in the program approval process) or existing programs the institution would like reviewed for Carl D. Perkins funding eligibility.

Program Eligibility

Any program receiving Perkins funds must be designated as a technical program by KBOR. Definition of a technical program may be found in state statute K.S.A. 72-1802.

Program Levels:

|  |  |
| --- | --- |
| Educational Award Level | Credit Hours |
| SAPP | 1-15 |
| Certificate A | 16-29 |
| Certificate B | 30-44 |
| Certificate C | 45-59 |
| Associate of Applied Science | 60-69 |

Stand-Alone Parent Program (SAPP) criteria:

1. Designated as “Technical Program” in KHEDS
2. Leads to an industry-recognized credential
3. Leads to a specific occupation
4. Addressed and evaluated in the Comprehensive Local Needs Assessment
5. Minimum 6 concentrators (average over the previous two academic years)
6. Instructor/Trainer/Teacher programs and Workforce AID programs are not eligible

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

1. Designated as “Technical Program” in KHEDS
2. Aligned at the state level (for select aligned programs). Visit the program alignment section of the KBOR website for the list of aligned programs at the state level.
3. Addressed and evaluated in the Comprehensive Local Needs Assessment
4. Minimum 6 concentrators (average over the previous two academic years)
5. Instructor/Trainer/Teacher programs and Workforce AID programs are not eligible

|  |  |
| --- | --- |
| Name of Institution |  |
| Name, title, phone, and email of person submitting the Perkins Eligibility application *(contact person for the approval process)* |  |
| Name, title, phone, and email of the Perkins Coordinator |  |
| Program Name |  |
| Program CIP Code |  |
| Educational award levels and credit hours for the proposed request(s) |  |
| Number of concentrators for the educational level |  |
| Does the program meet program alignment? |  |
| How does the needs assessment address the occupation and the program *(provide page number/section number from the CLNA and describe the need for the program)* |  |
| Justification for conditional approval: *(how will Perkins funds will be used to develop/improve the program)* |  |
| Pursuant to Americans with Disabilities Act, the proposed program will be offered in a location or format is fully accessible, according to applicable ADA laws?  *(Contact Board staff for technical assistance if there are questions regarding accessibility)* |  |

Signature of College Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature of KBOR Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_