Worksheet Request Individual Summary

Carl Perkins High School Secondary Local Application - 421

Worksheet Request Number:

School Name: **Business Name:**

School Code: **Office Address:**

Date of Request Submitted: **First Submitted By:**

Last Submitted On: **Last Submitted By:**

Fully Approved Date: **Fully Approved By:**

Contact Person Name: **Current Stage Title:**

Budget Line Description	Req. Units	Req. Unit Cost	Req. Unit Type	Line Item Total	OCAS Function Code	OCAS Object Code	OCAS Program Code
			Total				

Worksheet Form Builder Info

Question Component
Welcome to the Carl Perkins Application for Career and Technical Education Funding:
Below you will find two resources to help with completing the Carl Perkins Application, the first document is the "FLA CTIMS User Guidebook." The contents of this document will help you navigate through CTIMS and outlines the steps required to submit an application. The second document is the CLNA "The Answers" document. That document will help if you need clarification on a question or documentation required in the Comprehensive Local Needs Assessment.
FLA CTIMS User Guidebook
CLNA "The Answers" Document
_____
SECTION 1: FEDERAL FINANCIAL INFORMATION COLLECTION REQUIREMENTS.
Please fill out all questions based off your school's information for the coming fiscal year.
_____

[1.1] – Check the box if the Twelve-digit Data Unique Entity ID (UEI) number that we have on file for your organization is correct? (The UEI number we have on file is listed in the [BASIC CLIENT INFORMATION] section located directly above the [FUNDING REQUEST DETAILS] section in the CTIMS worksheet. If your organization does not have a UEI number, your organization must contact sam.gov to obtain one.)

[1.1.A] - IF the UEI number CareerTech has listed in the [BASIC CLIENT INFORMATION] section for your organization is incorrect or not showing please provide the 12-digit number:

[1.2] – Please indicate your answer to the following question by checking the corresponding box below. For the UEI number above, have you verified that your organization's registration in the federal System for Award Management (SAM) has been updated for this fiscal year?

YES

NO

If you have not verified that your organization's registration is updated please follow the link provided to the SAM site and update your registration before submitting this application. (You may need to copy/paste this link if you receive an "unsupported browser" message)

    SAM.gov

[1.3] - Please provide your Zip+4 for the physical street address of your primary place of business. (Do not use a zip code for a P.O. Box.)

1.4] - Please provide your organization's two-digit Congressional District Number (01 - 05): Congressional District Link

[1.5] - In your organization's previous completed fiscal year, did your organization receive:

A.) 80% or more of your annual gross revenues in U.S. Federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements;

AND

B.) $25,000,000 (25 million dollars) or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?

Using the checkboxes provided, answer YES or NO concerning the conditions listed above.

YOU MUST MEET BOTH CONDITIONS A AND B FOR A YES RESPONSE:

YES

NO

If your response is "NO" to question 1.5, you can skip questions [1.6] and [1.7]:

[1.6] - Does the public have access to information about the compensation of the executives in your organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Answer "Yes" or "No."

[1.7] - If YES to question 1.6, leave this box blank. If NO to question 1.6, you must provide the names and total compensation of your 5 most highly compensated officers/management positions for the preceding completed fiscal year. (Enter as a text string with the name and total compensation separated by a colon and each entry separated by a semicolon):

ADDITIONAL REQUIREMENTS: ASSURANCES DOCUMENTATION:

Follow the links below and review the compliance documentation for each assurance/certification; Your organization will be required to affirm compliance in the Acknowledgement Section before submitting for approval.   The Assurances of Compliance are on our website under the Grant Application Information - Resources section.
_____

Assurance of Compliance

Lobbying and Debarment Assurance

_____

SECTION 2: COMPREHENSIVE LOCAL NEEDS ASSESSMENT.

_____

Throughout Section 2, you will use your completed Carl Perkins Comprehensive Local Needs Assessment (CLNA) worksheet. The template is located on the Federal Legislation website in the Grant Application Information section under "Comprehensive Local Needs Assessment." This assessment is required to be updated every two years and must be uploaded on next page of the application by utilizing the CTIMS attachment feature:

CLNA Template

For the next several questions you will utilize your organization's completed Comprehensive Local Needs Assessment (CLNA) to provide answers:

[2.1] – From your completed CLNA, STEP 6 – CONCLUSIONS AND ACTION ITEMS, copy and paste the top 3-5 priorities for your school. These priorities must match your CLNA EXACTLY. Next, answer all three questions below each priority. This discussion should identify the PERFORMANCE GAP or increased STUDENT OPPORTUNITY each priority addresses; Describe the CLNA Data that lead your school to selecting this opportunity/gap as a priority and; List the CTE program(s) affected by this priority.

[Priority 1:]

Describe how the CLNA results informed the selection of Priority 1 and the CTE program(s) it is related to.
1.   Identify the specific performance gap, or increased student opportunity, this priority addresses
2.   Describe the data, shown in your CLNA, used to determine that this should be a priority.
3.   List/identify all CTE programs affected by this priority

[Priority 2:]

Describe how the CLNA results informed the selection of Priority 2 and the CTE program it is related to.
1.   Identify the specific performance gap, or increased student opportunity, this priority addresses
2.   Describe the data, shown in your CLNA, used to determine that this should be a priority.
3.   List/identify all CTE programs affected by this priority

[Priority 3:]

Describe how the CLNA results informed the selection of Priority 3 and the CTE program it is related to.
1.   Identify the specific performance gap, or increased student opportunity, this priority addresses
2.   Describe the data, shown in your CLNA, used to determine that this should be a priority.
3.   List/identify all CTE programs affected by this priority

4.

[Priority 4:]

Describe how the CLNA results informed the selection of Priority 4 and the CTE program it is related to.
1. Identify the specific performance gap, or increased student opportunity, this priority addresses
2. Describe the data, shown in your CLNA, used to determine that this should be a priority.
3. List/identify all CTE programs affected by this priority

[Priority 5:]

Describe how the CLNA results informed the selection of Priority 5 and the CTE program it is related to.
1. Identify the specific performance gap, or increased student opportunity, this priority addresses
2. Describe the data, shown in your CLNA, used to determine that this should be a priority.
3. List/identify all CTE programs affected by this priority

[2.2] List all priorities identified in Section 2.1 in the proper Step, then discuss the ACTIONS your organization will take to meet each of these priorities. You do list individual items you will be purchasing – list ACTIONS you will take to meet each priority. Budget items may be listed in general terms, if necessary, to further define Actions that will be taken. (Ex: Priority 1: Increase BITE Certifications. Action: Purchase high-tech, industry standard computers and software that allows students to certify in various areas.

YOU DO NOT NEED TO PROVIDE ANSWERS TO ALL STEPS. Only list actions in those steps related to your priorities.

You must provide answers to BOTH FISCAL YEARS: 2024-2025 and 2025-2026

[FISCAL YEAR 2024-2025]
_____

[Step 1: Student Performance Data]

[Step 2: State and Regional Labor Market Alignment]

[Step 3: Size, Scope, Quality]

[Step 4: Implementing Programs of Study]

[Step 5: Recruitment, Retention and Staff Training]

[FISCAL YEAR 2025-2026]
_____

[Step 1: Student Performance Data]

[Step 2: State and Regional Labor Market Alignment]

[Step 3: Size, Scope, Quality]

[Step 4: Implementing Programs of Study]

[Step 5: Recruitment, Retention and Staff Training]

SECTION 3: CARL PERKINS – PROGRAM OF STUDY.

_____

Follow the link below to gain access to a blank **Program of Study Template**. The template is located on our website under Program of Study Resources. ONLY THIS TEMPLATE MAY BE USED to record and submit the secondary AND post-secondary sequence of courses associated with each Program of Study you are required to submit.

Program of Study Template

==> ONE PROGRAM OF STUDY MUST BE SUBMITTED FOR EACH PROGRAM AREA IN WHICH YOU ARE BUDGETING FUNDS – REGARDLESS OF WHETHER YOU HAVE SUBMITTED ONE FOR THAT AREA BEFORE.

IF YOU ARE FUNDING ONLY GUIDANCE AND/OR ADVISEMENT TYPE POSITIONS, YOU MUST ATTACH AT LEAST ONE OF YOUR SCHOOLS' COMPLETE, ACCURATE PROGRAMS OF STUDY (YOUR CHOICE AS TO WHICH ONE).

_____

[3.1] - Indicate ALL Career Tech Program areas offered by your school (including Middle School), whether or not you are requesting funds for those programs.

AGRICULTURE EDUCATION:

BUSINESS AND INFORMATION TECHNOLOGY EDUCATION:

FAMILY CONSUMER SCIENCES EDUCATION:

HEALTH CAREERS EDUCATION:

MARKETING CAREERS EDUCATION:

SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH CAREERS EDUCATION:

TRADE AND INDUSTRY CAREERS EDUCATION:

_____

[3.2] – For every program area checked above, list the EXACT industry recognized certification, licensure or Associates degree shown on your related Program of Study. Programs of Study for all program areas offered by your school system or consortium are required to be kept on file at your location.

EXAMPLES:

Worksheet Request Individual Summary

Carl Perkins High School Secondary Local Application - 421

INCORRECT: AG – Welding (Listing "Welding" is not adequate. List the complete certification).

CORRECT: AWS Certified Welder – SMAW

INCORRECT: HEALTH - Nursing (Listing "Nursing" or "Associate Degree" is not adequate. List the specific degree).

CORRECT: Associate in Applied Science –Nursing

AGRICULTURE EDUCATION: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

BITE: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

FCS: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

HEALTH SCIENCES: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

MARKETING: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

STEM: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

T&I: POST-SECONDARY CERTIFICATION, LICENSURE, OR DEGREE:

[3.3] –Describe how you will inform students, including special populations, about available CTE courses and programs of study.

[3.4] – Using the Check boxes provided below, please inform ODCTE if your organization is planning to start a new CTE program during the next two fiscal years.

YES - we plan on starting a new program in the next two fiscal years.

NO - we do not plan on starting a new program in the next two fiscal years.

If you responded YES to Question 3.4, answer questions 3.4-A and 3.4-B below.

NOTE: to utilize Carl Perkins funding in a CTE program, it must be approved by the governing organization (ODCTE or OSRHE). For secondary CTE programs, a Form 2 must have been submitted and approved before any Perkins funding can be approved for the program. If your organization is not planning on starting any new programs during the grant period, you may skip questions 3.4-A & 3.4-B.

[3.4-A] List the educational program areas (Ag, BITE, FCS, Marketing, Health, STEM, T&I) of any new programs:

[3.4-B] List any ACTION items or PRIORITIES your organization will need to accomplish to successfully establish the new CTE program(s) during the next fiscal year.

Make sure to save each Program of Study Course Sequence Worksheet on your computer. You will attach all required documentation to the application after you save this page and continue to the next section of the Worksheet Application.

FAILURE TO IDENTIFY AND ATTACH ALL REQUIRED PROGRAM(S) OF STUDY - COURSE SEQUENCE WORKSHEET(S) WILL RESULT IN AN "AUTOMATIC

INCOMPLETE" AND RETURN OF YOUR APPLICATION.

SECTION 4: BUDGET NARRATIVE:

In questions 4.1 – 4.5, you should discuss your Perkins funding FOR THE UPCOMING 2024-2025 FISCAL YEAR ONLY.

1. All budget expenditures must be clearly tied to at least one CLNA priority.
2. ALL INDIVIDUAL ITEMS TO BE FUNDED MUST BE LISTED in your budget narrative. If an item is listed in your budget spreadsheet it must also be listed and discussed in this narrative section.
3. Only answer the questions where your school is planning to expend funding. It is ok to leave a question blank if you are not spending funds in that area.
4. Provide a BUDGET NARRATIVE STATEMENT which includes how EACH expenditures will improve your CTE program in one or more of these areas:
   A. Improve student academic performance
   B. Increase student opportunities for high skill, high wage, in demand jobs
   C. Improve student opportunities to obtain industry recognized certifications, licenses, or degrees
   D. Increase recruitment or retention of staff members
   E. Improve service to special population or non-traditional students
   F. Enhance career exploration or development activities
   G. Develop &/or implement labor-market-demand supported programs or Programs of Study

   When considering items to fund, ensure they are:
   ➢ Beyond basic
   ➢ Innovative
   ➢ Locally sustainable after 2-3 years

5. Narratives may not be generic, vague or cover multiple program areas. Related equipment (ex: camera, lenses, tripods, memory cards) – once listed – may be included in one budget narrative statement.

BUDGET NARRATIVE FORMAT: Follow this format for listing all expenditures in your Budget Narrative:

Consortium School Name (if applicable) - CTE Program – Item Name/Description – Budget Narrative Statement (#4 above)

EXAMPLE: Sugarland High School – HEALTH – Adult CPR Mannequins: These mannequins will enable students to learn specific CPR and AED skills required for high skill, high wage, in-demand jobs in the Health industry such as nursing, EMT and Medical Assistants. After completion of training with these mannequins, students will be able to obtain OSHA mandated CPR certifications.

NOTE: The numbers in parentheses in questions 4.1 – 4.5 correspond to the OCAS program codes that will be utilized on your Budget Spreadsheet. We recommend you coordinate with your Finance Personnel as to which areas expenditures will be incurred in so you provide the narrative in the proper areas.

[4.0] – Provide us with a broad OVERVIEW of how you will be spending your Perkins funding for the next 2 YEARS AND what you expect the results of this funding to be:

[4.1] STUDENT PERFORMANCE:

Academic Integration (330)

Evaluation (337)

Secondary/Postsecondary Link (340)

[4.2] STATE AND REGIONAL LABOR MARKET ALIGNMENT:

Workforce Partnerships (338)

Services and Activities for HS/HW/I-D (339)

[4.3] SIZE, SCOPE, & QUALITY:

Work-based Learning (331)

Use of Technology (332)

[4.4] IMPLEMENTING PROGRAMS OF STUDY

Guidance and Counseling (334)

Career Awareness (335)

[4.5] RECRUITMENT, RETENTION AND STAFF TRAINING:

Professional Development (333)

Recruitment and Retention (336)

ALL CONSORTIUM/COOPERATIVE APPLICANTS MUST ANSWER QUESTIONS 4.6 AND 4.7:

[4.6] CONSORTIUM/COOPERATIVE ALLOCATION INFORMATION:

As a consortium fiscal agent, you are responsible for meeting the following requirement:

Perkins law states that a fiscal agent of a consortium or coop shall not sub-grant back to the participating recipients the exact allocation amount they contributed to the group. To ensure this requirement is met, please list each member district in your consortium and the amount allocated by the ODCTE to each district. Then list the amount the consortium will allocate to each district. BOTH amounts must be provided. When answering, follow the reporting format below:

School/institution name: Amount allocated by ODCTE = $0.00   Consortium budgeted amount = $0.00

Example: Alvin High School: Amount allocated by ODCTE = $18,749.00   Consortium budgeted amount = $17,321.00
Paile High School: Amount allocated by ODCTE = $8,972.00   Consortium budgeted amount = $10,400.00

In the space below, please add your consortium's allocating information utilizing the format shown above:

[4.7] - Indicate by using the checkboxes below if you, as the Consortium Fiscal Agent, will purchase budgeted items directly and ship them to consortium members, or if you will be reimbursing consortium members for approved expenditures that they make:

We will do all purchasing and ship items to our member districts.

We will be reimbursing our member districts for approved purchases.

>>> FAILURE TO COMPLETE EACH STEP OF THE BUDGET NARRATIVE WILL RESULT IN AN "AUTOMATIC INCOMPLETE" AND RETURN OF YOUR APPLICATION. <<<
_____

SECTION 5: ORGANIZATION OVERVIEW.
_____

For questions 5.1 – 5.3 address your COLLABORATION WITH local workforce boards, agencies, and/or one-stop delivery systems and other partners as listed in the table on page 8 the CLNA.

[5.1] – How will you collaborate with your stakeholders to provide career exploration and career development coursework, activities or services?

[5.2] – How will you provide students with career information for high skill, high wage, and in-demand workforce opportunities identified in Step 2 of the CLNA? Include suggestions you may have received from your local Perkins Stakeholder input.

[5.3 – A] How will you provide organized career and academic counseling to students: before they enroll into CTE programs?

[5.3 – B] – How will you provide organized career and academic counseling to studets: while they are participating in CTE programs?

[5.4] – Describe how you will strengthen and provide challenging academic and technical content that results in a well-round education.

Questions 5.5 – 5.8 deal with special population students. Special populations are defined as follows:

    Individuals with disabilities

    Economically disadvantaged families

    Students in non–traditional fields

    Single parents including single pregnant women

    Out-of-workforce individuals

    English learners

    Homeless individuals

    Youth who are in or aged out of the foster care system

    Youth with a parent who is a member of the armed forces and is on active duty

Remember to target your answers to ONLY special population students. Include ALL special population students served.

[5.5] – Describe how your organization will provide activities to prepare special populations for high-skill, high-wage and in-demand occupations that lead to self-sufficiency.

[5.6] – Describe how your organization will prepare special population CTE participants for non-traditional fields.

[5.7] – Describe how your organization will provide equal access for special populations for CTE courses, programs and programs of study.

[5.8] - Describe how your organization will ensure students will not be discriminated against based on their status as members of special populations.

In questions 5.9 & 5.10, Work-based learning is defined as sustained interactions with industry or community professionals in real workplace settings to the extent practicable, or simulated environments at an education institution that fosters in depth, first hand engagement with the tasks required in a given career field that are aligned to curriculum and instruction.

[5.9] – Describe the work-based learning opportunities that your organization will provide to students participating in CTE programs.

[5.10] – How will your organization work with employers to develop or expand work-based learning opportunities for students?

[5.11] – How will your organization provide CTE students with the opportunity to gain post-secondary credit while still attending high school?

[5.12 - Provide a description of how your organization will coordinate with the eligible agency (ODCTE) and institutions of higher education to support the recruitment, preparation, retention, and training (including professional development) of EACH of the following groups:

A)   Teachers or Faculty (including any licensed through alternative routes to certification)

1. Recruit:

2. Retain:

3. Training/Professional Development:

B)   Administrators

1. Recruit:

2. Retain:

3. Training/Professional Development:

C)   Specialized Instructional Support Personnel and Paraprofessionals

1. Recruit:

2. Retain:

3. Training/Professional Development:

D)   Groups Underrepresented in the Teaching Profession

1. Recruit:

2. Retain:

3. Training/Professional Development:

[5.13-A] – Describe how your organization will address disparities or gaps found within the CLNA's STEP 1: STUDENT PERFORMANCE DATA for each of the 4 plan years.

[5.13-B] Describe additional actions your organization will take to eliminate those disparities or gaps if no meaningful progress is achieved by the end of the third program year.

This concludes the narrative portion of the Carl Perkins Local Application for funding. If you are ready to continue on to adding your organization's proposed itemized budget and attaching the required documentation, press the "Save & Next" button located in the bottom right corner of the screen.
_____

SECTION 6: ITEMIZED BUDGET GUIDELINES:
_____

The following instructions are for use in the next portion of the CTIMS process where you will set up your itemized budget:

OCAS Codes will be added later during the Agreement phase of the grant approval process.

Budget the TOTAL amount of your allocation.

In the Budget Line Description column, list the program and the item that is being requested for approval.   IF YOU ARE A CONSORTIUM/COOPERATIVE, the school must also be identified.

Examples:

    Ag - Plasma Cutter

    BITE - Smartboard

Examples for CONSORTIUMS/COOPERATIVES:

    Sugarland High School – HEALTH - SIMPAD

    Bradford Junior High – FCS - Longarm Quilting Machine

ATTACHMENTS: (utilize the attachment feature located towards the bottom right-side of this page):

Worksheet Request Individual Summary

Carl Perkins High School Secondary Local Application - 421

1. Attach a Program of Study for EVERY program area (Ag, FCS, BITE, Health, Marketing, STEM, T&I) in which you are budgeting funds. If you are funding ONLY Guidance and/or Advisement type positions, you must attach at least one of your schools' complete, accurate Programs of Study (your choice as to which one).

2. Attach your completed Comprehensive Local Needs Assessment
3. Attach IDC Rate Sheet, if applicable.

Compliance Acknowledgements:

Acknowledgement	Answer
I acknowledge that my school or consortium will abide by the Assurances of Compliance as established above for the Carl Perkins fiscal year.	
I acknowledge that my school or consortium will abide by the Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements Lower Tier as established above for the Carl Perkins fiscal year.	
I certify that my school/consortium has a Program of Study for 100% of CareerTech programs or CTE Associate Degrees offered at my school/consortium and I will provide these documents upon request to meet audit and monitoring requirements.	
I acknowledge that my submission of this worksheet acts as my signature on the Subaward Funding Agreement which is accessible through the WORKSHEET CONTRACT button, and that I have reviewed the Subaward Funding Agreement, which reflects required award information per 2 CFR 200.331.	
I have attached all required Program of Study - course sequence worksheets to this application for funding.	
I have attached our completed Comprehensive Local Needs Assessment to this application for funding.	

Acknowledgement Note

Approval Stage	Approval Note	Approval Date	Approval Role	Approved By	Full Name	Approval Status
Local Coordinator - 1st Stage			FLA- Local Initiative Coordinator			
Local Finance Coordinator - 2nd Approval Stage			FLA-Local Finance Coordinator			
Superintendent / President - 3rd Approval Stage			FLA-Local Superintendent/President			

State Local Coordinator - 4th Approval Stage			FLA-State Initiative Coordinator			
State Supervisor - Final Approver of Worksheet - 5th Approval Stage			FLA- State Initiative Supervisor			