1. Please provide a brief summary of the results of your Comprehensive Local Needs Assessment and what CTE course offerings and/or activites you will be targeting in this application.
course offerings and/or activites you will be targeting in this application.
2. Please provide a brief description of how your campus will, in collaboration with local workforce development
partners, provide a series of career exploration and career guidance activities.
2. Places manifed a brief description of become agree of the condense and technical skills of
3. Please provide a brief description ofhow your campus will will improve the academic and technical skills of students participating in CTE programs.
4. Please explain how your campus will provide activities to prepare special populations for high-skill, high-wage,
or in-demand occupations; prepare CTE participants for non-traditional fields; provide equal access for special
populations to CTE courses, programs, and programs of study; and ensure that members of special populations
will not be discriminated against.

5. Please provide a description of the work-based learning opportunities for students participating in CTE programs and how your campus will work with representatives from employers to develop or expand work-
Please outline how your campus will provide students participating in CTE the opportunity to gain postsecondary credit while still attending high school.
7. Please identify how your campus supports the recruitment, preparation, retention, and training, including professional development, of teachers, faculty, administrators, and specialized instructional support personnel.

	8. Please outline how your campus will address disparities or gaps in performance between groups of students in
description of the additional actions that will be taken to eliminate these disparities or gaps.	each of the plan years, and if no meaningful progress has been achieved prior to the third program year, a
	description of the additional actions that will be taken to eliminate these disparities or gaps.

Project/Program Purchase #1
Project Title:
Begin Quarter: (Please select): End Quarter: (Please select):
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by
this project, program or purchase: (include specific data and how this project, program or purchases addresses the identified need)
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Project/Program Purchase #2
Project Title:
Begin Quarter: (Please select): Project/Program/Purchase Summary
r rejecti r regrami, r an enace canninal y
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by
this project, program or purchase: (include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #3
Project Title:
Begin Quarter: (Please select): End Quarter: (Please select):
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by
this project, program or purchase: (include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #4
Project Title:
Begin Quarter: (Please select): End Quarter: (Please select):
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #5
Project Title:
Begin Quarter: (Please select): Project/Program/Purchase Summary
110ject/110gram/1 drenase summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #6
Project Title:
Begin Quarter: (Please select): End Quarter: (Please select):
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by
this project, program or purchase: (include specific data and how this project, program or purchases addresses the identified need)
(include specific data and now this project, program of parchases dadresses the identified need)

Project Title: Begin Quarter: (Please select): Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #8
Project Title:
Begin Quarter: (Please select): End Quarter: (Please select):
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #9
Project Title:
Begin Quarter: (Please select): Project/Program/Purchase Summary
Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Project/Program Purchase #10
Project Title:
Begin Quarter: (Please select): Project/Program/Purchase Summary
Expected Measurable Outcome:
Which required and/or permissive uses of funds will this project support?
Please identify the results from your Comprehensive Local Needs Assessment that are addressed by this project, program or purchase:
(include specific data and how this project, program or purchases addresses the identified need)

Grant Allo	cation:				
Administr	ative Cos	ts:			
Federal Guid	elines state	that no mor	re than 5% of p	roject funds can go to administration and indirect costs.	
The maximu	m allowed f	or the instit	ution is:		
Please indica	te if your ca	ımpus will be	e using 5% for a	administrative/indirect costs: (This amount will be taken out of your current but	dget)
Describe pro	posed admi	nistrative co	sts here, includ	ling the person performing the tasks and what they will be doing:	
Persona	al Servi	ces:			
Salary and I	Hourly Wag	ges:			Approved Funding
	Begin	End	Expenditure		
Project #:	Quarter	Quarter	Code:	Line Item Detail Description:	Amount:

		Total Salary and Hourly Wages:	\$0.00

Employee	e Benefits	(FICA, R	etirement, \	NC, SUE) & Health Insurance (Annual Premium times % of FTE)	Approved Funding
	Begin	End	Expenditure		
Project #:	Quarter	Quarter	Code:	Line Item Detail Description:	Amount:
			Employee		
			Benefits		
			Employee		
			Benefits		
			Employee		
			Benefits		

			Benefits Employee Benefits Employee		
			Benefits Employee Benefits		
	, 	·		Total Employee Benefits:	\$0.00
				Total Personnel Services:	\$0.00
		••-			
Inorat	ing Exp	enditur	es:		
Sperat					
	vices: (Conti	racted Serv	rices/Printing)		Approved Funding
Other Serv	Begin	End	Expenditure		
				Line Item Detail Description:	Approved Funding Amount:
Other Serv	Begin	End	Expenditure		
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other Serv	Begin Quarter	End Quarter	Expenditure Code:	Line Item Detail Description:	Amount:
other Serv	Begin Quarter	End Quarter	Expenditure Code:	Line Item Detail Description: Total Other Services:	Amount:

	1				
				Total Supplies and Materials:	Ş
Communic	cations: (Te	lephone/P	ostage and M	ailing)	Approved Fund
	Begin	End	Expenditure		
Project #:	Quarter	Quarter	Code:	Line Item Detail Description:	Amount:
				v the state of Montana rates and policies	•••
	Begin	End	Expenditure	· 	PI 1 1 1 1
Project #:	Begin Quarter	End Quarter	Expenditure Code:	Line Item Detail Description:	Amount:
Project #:					
Project #:			Code:		
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Project #:			Travel	Line Item Detail Description:	Amount:
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Project #:			Travel	Line Item Detail Description:	Amount:
	Quarter	Quarter	Travel	Line Item Detail Description:	Amount:
	Quarter	Quarter	Travel	Line Item Detail Description: Total Travel:	Approved Fund

Total Other Expenditures:

\$0.00

Total Operating Costs:

\$0.00

Total Direct Costs (Personnel Services plus Operating Costs):

\$0.00

Major Ed	Major Equipment:					
	Begin	End	Expenditure			
Project #:	Quarter	Quarter	Code:	Line Item Detail Description:	Amount:	
			Major			
			Equipment			
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			Major		
\$0.00	Total Major Equipment:		Equipment		
\$0.00	Total Direct Costs:				
\$0.00	Total Indirect Costs: Cannot exceed the 5% cap				
\$0.00	d (Direct Costs+ Major Equipment + Indirect Costs):	otal Grant Awar	To		

Amendment #1	Comments/Description of Changes:	Amendment #2	Comments/Description of Changes:	Amendment #3	Comments/Description of Changes:
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