

1. Please provide a brief summary of the results of your Comprehensive Local Needs Assessment and what CTE course offerings and/or activities 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.

3. Please provide a brief description of how your campus 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-

6. 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 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)

Project/Program Purchase #2

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 #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):

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 #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)

Project/Program Purchase #7

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 #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):

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 #10

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)

Grant Allocation:

Administrative Costs:

Federal Guidelines state that no more than 5% of project funds can go to administration and indirect costs.

The maximum allowed for the institution is:

Please indicate if your campus will be using 5% for administrative/indirect costs: (This amount will be taken out of your current budget)

Describe proposed administrative costs here, including the person performing the tasks and what they will be doing:

Personal Services:

| Salary and Hourly Wages: | | | | | Approved Funding |
|--------------------------|---------------|-------------|-------------------|-------------------------------|------------------|
| Project #: | Begin Quarter | End Quarter | Expenditure Code: | Line Item Detail Description: | Amount: |
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Total Salary and Hourly Wages: \$0.00

| Employee Benefits (FICA, Retirement, WC, SUE) & Health Insurance (Annual Premium times % of FTE) | | | | | Approved Funding |
|---|----------------------|--------------------|--------------------------|--------------------------------------|-------------------------|
| Project #: | Begin Quarter | End Quarter | Expenditure Code: | Line Item Detail Description: | Amount: |
| | | | Employee Benefits | | |
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Total Employee Benefits: \$0.00

Total Personnel Services: \$0.00

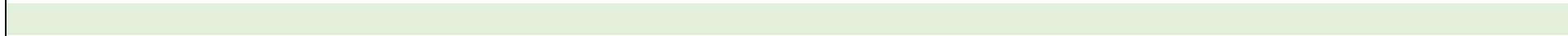
Operating Expenditures:

| Other Services: (Contracted Services/Printing) | | | | | Approved Funding |
|--|---------------|-------------|-------------------|-------------------------------|------------------|
| Project #: | Begin Quarter | End Quarter | Expenditure Code: | Line Item Detail Description: | Amount: |
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Total Other Services: \$0.00

| Supplies and Materials (Books and Reference Material/Office Supplies/CTE Classroom Supplies/Software/Minor Equipment) | | | | | Approved Funding |
|---|---------------|-------------|-------------------|-------------------------------|------------------|
| Project #: | Begin Quarter | End Quarter | Expenditure Code: | Line Item Detail Description: | Amount: |
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| | | Major Equipment | | |
| | | | Total Major Equipment: | \$0.00 |
| | | | Total Direct Costs: | \$0.00 |
| | | | Total Indirect Costs: Cannot exceed the 5% cap | \$0.00 |
| | | | Total Grant Award (Direct Costs+ Major Equipment + Indirect Costs): | \$0.00 |



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