**Appendix 1 – Cover Page**

**FY\_\_\_\_\_\_\_ PERKINS LOCAL GRANT**

**NAME OF INSTITUTION:**

**Contact Persons for**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name & Position** | **Telephone** | **Email Address** |
| Perkins Coordinator |  |  |  |
| Finance/Business Office |  |  |  |
| Data/Institutional Reporting |  |  |  |

**Submission Checklist**

[ ]  4-Year Local Application update (Signed)

|  |  |  |
| --- | --- | --- |
|[ ]  Appendix 1 - Cover Page (Signed) |  |[ ]  Appendix 5 - Breakdown of Expenses, (Section B Signed) |
|[ ]  Appendix 2 - Contracts, Assurances, etc. (Signed) |  |[ ]  Appendix 6 - Equipment |
|[ ]  Appendix 3 - Local Grant Goals |  |[ ]  Appendix 7 - Resources, Computing Devices, Software |
|[ ]  Appendix 4 - Program Budget Matrix (Signed) |  |[ ]  Appendix 8 - Professional Development  |

**Perkins Eligible Programs Funded in this FY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CIP | KHEDS Program Name | Award Level(s) (CERTA, CERTB, CERTC, AAS, SAPP) | Aligned?(Yes, No, N/A) | ~~Number of Concentrators~~~~(Average of AY21 & AY22)~~ |
|  |  |  |  | Not applicable for FY24 |
|  |  |  |  | Not applicable for FY24 |
|  |  |  |  | Not applicable for FY24 |
|  |  |  |  | Not applicable for FY24 |

Add rows as needed

*Signature of President or Authorized Administrator Date*

**STATE USE ONLY—DO NOT WRITE BELOW THIS LINE**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1) Career Exploration and Career Guidance**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) Integration of Academics and CTE**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) Special Populations**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) Work-based Learning/Employability Skills**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5) Secondary/Postsecondary Alignment**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6) Professional Development**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (7) Programs of Study**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8) New Program Development**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (9) Administrative Costs**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10) Corrections (if applicable)**

**Signature of KBOR Authorized Representative Date**