**FY 21 Perkins Local Application Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| District:  |  | Director: |  | Allocation: | $ |
|  |
| **SECTION 1 | BUDGET** |
| 1. Do the budget allocations and line items in the goals match the total allocation and budgeted amounts for line items?
 |
|  |
|  |
| 1. Are maximums/minimums adhered to?
 |
|  |  | Maximum |  | Minimums |
|  |  | 20% CTSO |  | 5% Professional Development |
|  |  | 5% Maintenance |  |  |
|  |  | 5% Administration (includes indirect costs, excludes CTE Director PD (72230-524) |
|  |  | 5% Consumables |
|  |  |  |
| 1. Does the sum of the line item amounts equal the subtotal of each corresponding goal?
 |
|  | $ | Goal 1 sub total |
|  | $ | Goal 2 sub total |
|  | $ | TOTAL (should match allocation to the penny) |
|  |  |  |
| **SECTION 2 | CTE DIRECTOR EMPLOYMENT STANDARD** |
| 1. Is the CTE Director’s contact information complete?
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|  |
|  |  |  |
| 1. Is the CTE Director’s endorsement code entered?
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|  |  |  |
| 1. Is the date hired entered? (this will be used for years of service recognition)
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|  |  |  |
| 1. Has an employment standard been met?
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|  |  |  |
| **SECTION 3 | PROGRAMS OF STUDY** |
| 1. Are two programs of study identified?
 |
|  |
|  |  |  |
| 1. Is the name of each program of study current?
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|  |
|  |  |  |
| 1. Is the postsecondary institution identified? If TCAT – the specific location should be identified.
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|  |
|  |  |  |
| 1. Is the postsecondary component selected?
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|  |  |  |
| **SECTION 4 | COORDINATION** |
| 1. Has a consortium option been selected? (Most will select “LEA does not plan to join consortium”)
 |
|  |
|  |  |  |
| 1. If consortium option 1 or 2 was selected, has the following information been identified?
 |
|  |  | Members (LEAs) |
|  |  | Fiscal agent |
|  |  | Description of how goals/action steps were determined |
|  |  | Process to report data on performance levels |
|  |  |  |
| **SECTION 5 | COMPREHENSIVE LOCAL NEEDS ASSESSMENT (CLNA)** |
| 1. Are gap areas identifiable?
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|  |  |  |
| 1. Does the shared source labor market data (in related documents) match the reported areas of high-skill, high-wage, and in demand?
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|  |  |  |
| **SECTION 6 | GOALS #1 and #2** |
| 1. Do all goals align to the SMART (Specific, Measurable, Achievable, Realistic, and Timed) format?
 |
|  |  | Goal 1 |
|  |  | Goal 2 |
|  |
| 1. Are all core indicators of performance addressed in detail in at least one action step and aligned properly for each goal? (See Local Application Guide for details)
 |
|  |  | 1S1 |  | 3S1 |
|  |  | 2S1 |  | 4S1 |
|  |  | 2S2 |  | 5S1 |
|  |  | 2S3 |  | 5S2 |
|  |
| 1. Are all required components addressed in detail in at least one action step and aligned properly for each goal? (See Local Application Guide for details)
 |
|  |  | 1 |  | 6 |
|  |  | 2 |  | 7 |
|  |  | 3 |  | 8 |
|  |  | 4 |  | 9 |
|  |  | 5 |  |  |
|  |  |  |
| 1. Are all required use of funds addressed and properly aligned within the plan? (See Local Application Guide for details)
 |
|  |  | 1 |  | 4 |
|  |  | 2 |  | 5 |
|  |  | 3 |  | 6 |
|  |  |  |
| 1. Which section(s) of the CLNA informed the goals?
 |
|  |  | 1 |  | 5 |
|  |  | 2 |  | 6 |
|  |  | 3 |  |  |
|  |  |  |
| 1. Do all action steps meet the “who, by what and how” format?
 |
|  |  | Does each action step connect to the corresponding goal? |
|  |  | Is it clear what method/activity will be used to achieve the objective? |
|  |  | Is it specific? |
|  |  | Is it measurable? |
|  |  |  |
| 1. Does each action step have a specific timeline (not July-August or ongoing)?
 |
|  |
|  |  |  |
| 1. Are all line items correct?
 |
|  |
|  |  |  |
| 1. Does the professional development activity(ies) support the action step and goal?
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|  |
|  |  |  |
| 1. Is equipment listed by school and program of study?
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|  |
|  |  |  |
| 1. Does the outcome properly align the action step to the goal? Is the impact on students evident?
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|  |
|  |  |  |
| 1. Does the evaluation strategy identify who is responsible for evaluating the action step and when the evaluation will take place?
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|  |
|  |  |  |
| **OTHER | RELATED DOCUMENTS** |
| 1. Is the source data for labor market data uploaded?
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|  |
|  |  |  |
| 1. Are job descriptions uploaded, where applicable?
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| **OTHER | ASSURANCES** |
| 1. Has the statement of assurances in ePlan been reviewed and the checkbox marked?
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|  |
|  |  |  |
| **OTHER | CHECKLIST** |
| 1. Select the appropriate option from the dropdown menu.
 |
|  |  | **Not reviewed** (will produce an error message and not allow CORE approval.  |
|  |  | **Not applicable** (all sections are applicable for initial application, in the future, this can be used for amendments for sections not impacted by the requested amendment.) |
|  |  | **Consultant Reviewed** (your stamp of approval for the section) |
|  |  | **Revisions needed** (use when sending the application back to the LEA for revisions. Provide detailed information in the textbox instructing the LEA on what to adjust to gain “Consultant Reviewed” status.) |
|  |  | **OK** (do not use, reserve for TDOE Perkins approval only) |