**FY 21 Perkins Local Application Checklist**

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| District: | |  | | | | | Director: |  | | | Allocation: | $ |
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| **SECTION 1 | BUDGET** | | | | | | | | | | | | |
| 1. Do the budget allocations and line items in the goals match the total allocation and budgeted amounts for line items? | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | |
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| 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”) | | | | | | | | | | | | |
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| 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)? | | | | | | | | | | | | |
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| 1. Are all line items correct? | | | | | | | | | | | | |
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| 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) | | | | | | | | | |