Name (print): S#: Phone#: Email: **Note:** Your official CCD email account is the only email CCD will accept for correspondence

**Perkins Mission:** CCD will strive to use career assessment to match the correct student with the correct path that will allow the student to learn a directed skill set for career readiness based on identified workforce needs. Careful planning will allow us to attract special populations, enhance retention of students, and enable students to pursue their career goals.

## INSTRUCTIONS:

It is mandatory that the person completing this application attend a Perkins Training session.

Please be aware that the person listed above will be responsible for meeting all necessary Perkins requirements.

Fully explain your project, including what impact the project will have on CCD and student learning. Define **measureable** outcomes. Explain how your project will be evaluated.

Each project requires a separate application.

THANK YOU FOR SHARING YOU INNOVATIVE IDEAS AND FOR MAKING “REAL CHOICES FOR REAL SUCCESS.”

## APPLICATION QUESTIONS/RESPONSES

1. Which Perkins Performance Metric(s) best applies to your goals? Please remember that we are focusing our attention this year on completion, so those goals must be primary (they are in bold). Other goals may be listed as secondary. This means that your project must work toward improving completion rates for your program.

## Technical Skill Attainment

**Numerator:** Number of CTE **concentrators** who completed an approved CTE program during the reporting year.

**Denominator:** Total CTE **concentrators** who completed an approved CTE reporting year.

## Certificate or Degree

**Numerator:** Number of CTE **concentrators** who completed an approved CTE program during the reporting year.

**Denominator:** Total CTE **concentrators** in approved CTE programs during the reporting year.

## Student Retention

**Numerator:** Number of CTE **participants** within the current reporting year who were participants in postsecondary education in the previous year and did not earn a certificate or degree in the previous reporting year.

**Denominator:** Number of CTE **participants** in postsecondary education the previous reporting year who did not earn a certificate or degree in the previous reporting year.

## Student Placement

**Numerator:** Number of previous year CTE **completers** who were placed in employment, continuing education, or place in military service or apprenticeship program two quarters after the end of the academic reporting year.

**Denominator:** Number of CTE **completers** from the previous reporting year (excluding those unemployed not seeking employment).

## Non-Traditional Participation

**Numerator:** Number of all enrolled CTE **participants** from **underrepresented gender groups** who participated in a program that leads to employment in non- traditional fields during the reporting year.

**Denominator:** Number of CTE **participants** who participated in a program that leads to employment in non-traditional fields during the reporting year.

## Non-Traditional Completion

**Numerator:** Number of CTE **completers** from **underrepresented gender groups** who completed a program that leads to employment in non-traditional fields during the reporting year.

**Denominator:** Number of CTE **completers** who completed a program that leads to employment in non-traditional fields during the reporting year.

1. Create the Action Step as precisely as possible (if it includes travel, please list the names of the travelers.) Answer these questions:
	1. What is the objective of this project?

* 1. What are you going to do with the purchase you plan to make?

* 1. What are your expected outcomes? How will student outcomes be improved?

* 1. How does this purchase align with your objectives?

1. List at least one measureable goal for your project and how that goal aligns with one of the targets in our Strategic Plan. Please tell us what data you will collect and how you will conduct your evaluation.

1. Please attach your advisory meeting minutes during which your proposal was discussed. Please also list the dates for the 2 advisory meetings required for all Perkins programs.

1. Complete the following: Please list the most recent data from your program’s performance matrix:

Year or Reporting: Certificate or Degree: Technical Attainment:

Student Retention: Student Placement: Non-Traditional Participation: Non-Traditional Gender Completion:

1. Have you discussed this proposal with Facilities Management and planned for any capital expenses? \_\_\_ Yes \_\_\_ No

Confirmation Signature of Director of facilities: Date:

1. Have you discussed this proposal with Informational Technology and planned for any needs? \_\_\_ Yes \_\_\_ No

Confirmation Signature of Director of Information Technology: Date:

1. Please describe initial results of your most recent Perkins CTE project(s). What were your measureable outcomes and what conclusions did you reach?
2. Please complete the attached Budget Form and submit with your application package.
	1. Purchases made with a percentage of general funds are useful to CCD if the purchase may one day move to general use, or may be used on occasion by the general population (for example, a computer).

## BUDGET FORM

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

Item: Equipment <$5,000 Equipment >$5,000 Software Personnel Travel In-State Travel Out-of-State

Contracted Services Other:

Description:

Unit Cost: Total Perkins Request: General Fund:

## BUDGET APPROVALS

Requestor Name (print): Signature: Date:

Requestor Supervisor Name (print): Signature: Date:

I approve this application.

I have considered the advantages of a split purchase with general funds.