

CARL D. PERKINS – STATE LEADERSHIP & DEVELOPMENT APPLICATION  
FY12

<i>Applicant:</i>
<i>Project Title:</i>
<i>Amount Requested:</i>
\$

**PROGRAM CATEGORIES**  
**REQUIRED USES [Sec.124(b)]**

<i>1. Assessment</i>	<i>5. Non-Traditional Training</i>
\$	\$
<i>2. Expanding Technology</i>	<i>6. Partnerships</i>
\$	\$
<i>3. Professional Development</i>	<i>7. Students in State Institutions</i>
\$	\$
<i>4. Integration</i>	<i>8. Special Populations</i>
\$	\$
<i>9. Technical Assistance</i>	
\$	

**PERMISSALBE USES [Sec.124(c)]**

<i>1. Guidance &amp; Counseling</i>	<i>9. Developing New Courses</i>
\$	\$
<i>2. Secondary P.S. Links</i>	<i>10. Incentive Grants</i>
\$	\$
<i>3. Cooperative Education</i>	<i>11. Entrepreneurship Education &amp; Training</i>
\$	\$
<i>4. CTSOs</i>	<i>12. Adult Education</i>
\$	\$
<i>5. Charter Schools</i>	<i>13. Job or Continuing Education</i>
\$	\$
<i>6. All Aspects of Industry Experience</i>	<i>14. Assessments of Technical Skills</i>
\$	\$
<i>7. FACS Programs</i>	<i>15. Developing &amp; Enhancing Data Systems</i>
\$	\$
<i>8. Education &amp; Business Partnerships</i>	<i>16. Recruitment, Retention &amp; Transition of CTE Teachers</i>
\$	\$
<i>17. Employment Information Resources</i>	
\$	

1. **ABSTRACT:** Briefly describe the purpose of this project, and how the project will improve Career and Technical Education, why it is needed, and the schedule or timeline for implementation.

2. **NEEDS ASSESSMENT:** Describe the needs for these Federal funds and how the needs were assessed.

3. **OBJECTIVES, ACTIVITIES, AND EVALUATION** (Submit additional sheets as necessary)

<p><u>Objectives:</u> Clearly state each objective with measurable outcomes.</p>	<p><u>Activities:</u> Describe how each objective will be achieved.</p>	<p><u>Evaluation:</u> Describe how each activity will contribute to accomplishing the State Adjusted Levels of Performance for the Core Indicators (refer to Section III of the State Plan for more information).</p>

By entering the following information and submitting this document, the CTE Director, as the duly authorized representative of the recipient, certifies the recipient will comply with the above certifications, and all other information provided in this document is accurate.

**Signatures:**

Career and Technical Director: \_\_\_\_\_

Date: \_\_\_\_\_

Project Director (if Applicable): \_\_\_\_\_

Date: \_\_\_\_\_