

CARL D. PERKINS – STATE LEADERSHIP & DEVELOPMENT
INTERNAL APPLICATION
FY12

<i>Program Area:</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 & 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 & 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 & Enhancing Data Systems</i>
\$	\$
<i>8. Education & Business Partnerships</i>	<i>16. Recruitment, Retention & 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.

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

Signatures:

Coordinator: _____

Date: _____

Project Director (if Applicable): _____

Date: _____