

**APPLICATION FOR SECONDARY
CAREER AND TECHNICAL EDUCATION
PROGRAM IMPROVEMENT GRANTS
SY 2007-08 TRANSITIONAL ONE-YEAR PLAN**

**under the
Carl D. Perkins
Career and Technical
Education Improvement Act of 2006**

May 2007

New Hampshire Department of Education
Bureau of Career Development
21 S. Fruit Street, Suite 20
Concord, New Hampshire 03301

Statement of Nondiscrimination

The New Hampshire Department of Education does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities and employment practices.

The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Brenda Cochrane
Title IX/ADA Coordinator
NH Department of Education
101 Pleasant Street
Concord, NH 03301-3860
(603) 271-3743
(603) 271-3743 TTY/V

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I. INTRODUCTION

The Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV) holds all secondary Program Improvement Grantees accountable for improvements in selected areas of performance. As approved in the New Hampshire State Transition Plan for implementing Perkins IV, secondary grantees are accountable for improving performance on the following boldfaced indicators:

- 1. Students assessed as advanced, proficient, or basic on the New England Common Assessment Program in Reading/Language Arts;**
- 2. Students assessed as advanced, proficient, or basic on the New England Common Assessment Program in Mathematics;**
3. Students attaining technical skills;
4. Students completing secondary school;
- 5. Students graduating from high school;**
6. Students employed, in the military, and/or continuing their education after graduation from high school;
7. Students enrolled in programs nontraditional for either gender;
8. Students who complete programs that are nontraditional for either gender;

The rest of this document presents the requirements for secondary Program Improvement grant applications for School Year (SY) 2007-08. Starting with SY 2007-08, each grantee will be accountable for performance on all eight of the indicators listed above.

The deadline for submitting applications for SY 2007-08 Program Improvement Grants is:

SY 2007-08 Applications are due by 4:00 PM, Monday, August 6, 2007

Submit an original and two (2) copies to:

John Varrill

Bureau of Career Development

New Hampshire Department of Education

21 South Fruit Street, Suite 20

Concord, NH 03301

jvarrill@ed.state.nh.us

(603) 271-2452

Critical dates in the SY 2007-08 evaluation and planning schedule include:

Event/task	Date
Release of SY 2007-08 Secondary Perkins Application Guide	May 7, 2007
Perkins Allocation Letters for SY 2007-08 Released	June 15, 2007
Deadline to Submit SY 2007-08 Secondary Perkins Applications	4:00 PM August 6, 2007
Applicants Notified of Approval Status	August 20, 2007
Grant Start Dates for SY 2007-08	August 22, 2007
Grant End Date for SY 2007-08	August 21, 2008

II. BASIC PROGRAM IMPROVEMENT GRANT APPLICATION

Instructions for completing the Basic Program Improvement Grant application for SY 2007-08 are provided on pages 2 through 6. Applicants must follow the ordering of sections below and paginate accordingly. More specific requirements for formats and order of pages are provided in the attachments to this document.

A. Certifications and Assurance: Attachments A-C

Must be completed by all applicants:

- Attachment A: Cover Page,
- Attachment B: Nondiscrimination Statement of Receiving District/RA,
- Attachment C: Certifications and Assurance

B. Plan for SY 2007-08: Attachments D-G

Attachment D: Active and Eligible Programs List:

Section #1: Complete as has been done in the past.

Section #2: List programs that are planned for development during SY 2007-08. *Funds authorized by Sections 135 (b)(7) and (c)(12) of Perkins IV may be available for one year to develop these programs, if a letter has been received from the State Director of CTE authorizing the use of the funds for this purpose.*

Section #3: Provide two (2) copies of the receiving district's/RA's high school Program of Studies Catalog and any other publication that describes regional career and technical programs offered by the region.

Section #4: Each applicant must provide two (2) copies of the Program of Studies Catalog for all participating sending districts or RAs within your region.

Attachment E: Career Pathway Plan of Study Template:

By the end of the SY 2007-08 grant period, each applicant must have implemented at least one Career Pathway Plan of Study as defined in Perkins IV. (Note: The Perkins Act refers to this as Program of Study; New Hampshire will call this a Career Pathway Plan of Study). An exemplary Career Pathway Plan of Study (CPPOS) should:

- Provide students and parents with information needed to make appropriate education and career decisions;
- Include a college preparatory core;
- Meet college entrance requirements;
- Allow the student to earn a high school diploma;
- Maximize dual credit options;
- Include industry and/or state-recognized credentials for students and teachers; and
- Show evidence of business and industry support.

Use the template provided in Attachment E to provide information on the program at your center that most closely meets the above criteria for a CPPOS. Leave blank any features of the CPPOS that remain undeveloped, unless all criteria are met. Undeveloped portions of your CPPOS must be in place by the end of the grant period (i.e., August 21, 2008). The information needed on the template includes:

Header: At the top of each page, provide the following:

- School: List the name of your center/school,
- Career Cluster: Indicate the appropriate Career Cluster (*e.g., Health Sciences*).
- Career Pathway: Indicate the appropriate Career Pathway (*e.g., Therapeutic Services*).
- Degree Plan: Indicate the postsecondary degree plan as identified through articulation (*e.g., Licensed Practical Nurse/Registered Nurse*).

Section I: Courses

Using the “Legend of Course Designation” at the top of the form as a guide, enter the following information about the selected Career Pathway Plan of Study:

- Show all courses at your high school that meet the NH State Minimum Graduation Requirements;
- Show additional district required graduation requirements;
- Show courses that are part of the career-area sequence;
- Identify courses that meet the college entrance requirements for this career area (*e.g., Nursing would need to include chemistry in the sequence*);
- Identify a sequence of at least 3 credits of math, including algebra, that can be earned through integrated and/or applied courses that meet the college entrance requirements for this career area; this sequence should identify a level needed to successfully enter the college career area program (*example: Nursing would need to include Algebra I and II*);
- Identify dual credit options (*example: the articulation might include English, science, or a introductory college level course for the program*);
- Describe how this program supports the Follow the Child Model;
- Describe how you are promoting career explorations and workplace skills for all students at middle-school level.

Section II: Labor Market Information:

Provide labor market information about this Career Pathway Plan of Study. Use the NH Employment Security, Economic and Labor Market Information website listed here and on the template (<http://nhes.state.nh.us/elmi>) click on NHCRN and then Job Outlook and Locator, Occupations by Industry 2005-2014. The labor market information should include:

- Average annual job openings in occupations for which this program prepares students;
- Average income for these occupations in 2005;
- Number of jobs projected to exist in 2014 in occupations for which this program prepares students.

Section III: Partners involved with your Career Pathway Plan of Study:

- Identify the state-recognized Career and Technical Student Organization(s) (CTSOs) appropriate for the program area (*e.g., Nursing is HOSA*);
- List business and industry partners providing support for this Career Pathway Plan of Study (*e.g., For Nursing, this might be a local hospital representative or other health professional*);
- Identify all appropriate articulation agreement(s) on file with the Department of Education. *Do not attach copies.*

Section IV: Certificates and Certifications:

- Identify industry recognized credentials held by the secondary teacher(s) (*example: Nursing Instructors must be a RN*);
- Identify industry or state-recognized credentials/certificates available for secondary students in this area (*example: For nursing these might include First Aid, CPR, and/or LNA*).

Attachment F: Statutory Requirements Form:

Perkins IV requires six additional elements of a local plan (Sec. 134(b)). In addition, an equity plan is required. Applicants must describe strategies for meeting each of the following requirements:

1. How will CTE programs be carried out?
2. How will comprehensive professional development (including initial teacher preparation) for CTE, academic, guidance, and administrative personnel be provided that promotes the integration of coherent and rigorous content aligned with challenging academic standards and relevant CTE (including curriculum development)?
3. How will a wide variety of stakeholders be involved in the development, implementation, and evaluation of CTE programs, and how will such individuals and entities be informed about, and assisted in understanding, the requirements of Perkins IV, including the CPPOS?
4. What process will be used to evaluate and continuously improve performance?
5. How will funds be used to promote preparation for nontraditional fields?
6. What will be accomplished to improve the recruitment and retention of CTE teachers, faculty, and career guidance and academic counselors, including underrepresented groups, and the transition to teaching from business?
7. How will strategies to overcome barriers to access and success for students from special populations be implemented? How will these

students be protected from discrimination based on their status?
How will programs be designed to enable special populations to meet performance goals? How will special populations be prepared for high-skill, high-wage, or high-demand occupations?

The format for providing information on each requirement is illustrated in Attachment F. All requirements must be addressed. As the attachment indicates, each requirement must be listed, with a table that provides the following information:

- Column 1—describe the strategies for SY 2007-08 that address the requirement;
- Column 2—list by number the activities described in the next section of the application that correspond to each strategy listed in column 1 of Attachment F.

Attachment G: SY 2007-08 Plan and Detailed Budget Form:

The SY 2007-08 Plan and Detailed Budget Form aligns each activity with the detailed budget for that activity. Two examples of how to use this form are provided in Attachment G. The SY 2007-08 plan must address improvements in the three performance indicators required for the transition year of Perkins IV: academic attainment in English/language arts, academic attainment in mathematics, and high school graduation rates.

Activity description: Must include the following detail on each of the planned activities:

- Column 1, Planned PI Impact—By PI number, list which of the three performance indicators that the activity is planned to impact. All indicators must be treated equally in terms of need for improvement during this year as there is no performance data to use in establishing a priority for improvements in performance.
- Column 2, Rationale and Description of Activity—Briefly describe the activity and how it is expected to affect the performance indicators listed in Column 1.
- Column 3, Perkins Citation—Cite Sect. 135 of Perkins IV, indicating whether the activity is Required or Permitted, or some combination thereof. All required activities must be accomplished, but they need not all be funded with Perkins funds.

Detail budget information: Provide all information necessary to estimate line-item amounts.

Subsequent pages: All additional planned activities must be described in subsequent pages, following the example on page 2 in Attachment G.

ATTACHMENTS

- A. COVER PAGE**
- B. NONDISCRIMINATION STATEMENT OF RECEIVING DISTRICT/RA**
- C. CERTIFICATIONS AND ASSURANCE FORM**
- D. ACTIVE AND ELIGIBLE PROGRAMS LIST**
- E. CAREER PATHWAY PLAN OF STUDY TEMPLATE**
- F. STATUTORY REQUIREMENTS FORM**
- G. SY 2007-08 PLAN AND DETAILED BUDGET FORM**
- H. REVIEWERS' CHECKLIST**

COVER PAGE

SECONDARY CAREER TECHNICAL EDUCATION PROGRAM IMPROVEMENT GRANT APPLICATION SY 2007-08

1. School District/RA Name	SAU/RA #
2. Signature of Superintendent or Person Legally Authorized by District/RA	
3. Printed Name of Superintendent or Person Legally Authorized by District/RA	Date
4. Project Manager (please print or type)	Title
5. Project Manager's Address:	
	Telephone
	E-mail Address

Date of State Board approval for designation as a Regional CTE Center under RSA:188-E:
Date: _____

Submit an **original and two (2)** copies by 4:00 PM, Monday, August 6, 2007 to:

John Varrill
Bureau of Career Development
New Hampshire Department of Education
21 South Fruit Street, Suite 20
Concord, NH 03301
(603) 271-2452
jvarrill@ed.state.nh.us

SY 2007-08 Perkins, Attachment A

NONDISCRIMINATION STATEMENT OF RECEIVING DISTRICT/RA

Please provide the receiving district's/RA's Statement of Nondiscrimination in this space, or use a separate sheet if this space is insufficient.

Recommended wording for Nondiscrimination Statement:

The [name] School district/RA does not discriminate on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation or marital status. This statement is a reflection of the [name] School District/RA and refers to, but is not limited to, the provisions of the following laws:

Title VI and VII of the Civil Rights Act of 1964
The age Discrimination Act of 1967
Title IX of the Education Amendments Act of 1972
Section 504 of the Rehabilitation Act of 1973
The Americans with Disabilities Act of 1975
NH Law against Discrimination (RSA 354-A)

The Title IX Coordinator is: [enter name, address and telephone number]

The Section 504 Coordinator is: [enter name, address and telephone number]

Inquiries may also be directed to the:

- US Department of Education, Office for Civil Rights, 33 Arch St. Suite 900 Boston MA 02110-1491 (617-289-0111);
- Equal Employment Opportunity Commission, JFK Federal Building, Room 475, Government Center, Boston MA 02201 (617-565-3200)
- NH Commission for Human Rights, 2 Chennell Drive, Concord, NH 03301 (603-271-2767)

CERTIFICATIONS AND ASSURANCE

I, _____ Superintendent of Schools, or the person authorized to sign, for the _____ School District/RA, certify and assure that:

Certificate of Regional Advisory Committee:

1. The Regional Advisory Committee, having a designated regional career and technical education center, meets at least quarterly each year.
2. The Advisory Committee includes:
 - (a) Representatives from each sending district/RA and the receiving district/RA; and
 - (b) At least seven (7) members, representing the career and technical education areas offered at the center.
3. The Regional Advisory Committee makes recommendations to the receiving district/RA board concerning operations of the regional career and technical center and other approved regional career and technical programs in the region.
5. The receiving board has considered the recommendations of the Regional Advisory Committee in determining programs, facilities, and enrollment needs, and the use of federal career and technical education funds, as described in this application for funding.

Certificate of Responsibility:

1. The programs, services, and activities designated to be supported by funds through this application will be conducted in accordance with Perkins IV (P.L. 109-270), N.H. Statutes, and the New Hampshire Administrative Rules.
2. Policies, procedures, and activities described in this application will be carried out as described herein.
3. Supplemental funds granted to the agency under the provisions of P.L. 109-270 will be used as stipulated in the attached application, and supporting documents and records of expenditures will be maintained for audit in accordance with the requirements of the New Hampshire State Department of Education, Office of Business Management.
4. Student and program data, information, and reports as may be reasonably required by the NH State Department of Education will be submitted as requested, and in a timely fashion.
5. All career and technical education programs offered by the eligible recipient will conform to the definition of vocational and technical education stated in Sec. 3(5) of P.L. 109-270.

Assurance of Size, Scope, and Quality

Programs will be provided that are of such size, scope, and quality as to bring about improvement in the quality of career and technical education (Sec. 134(b)(6) of P.L. 109-270).

(Signature of person authorized to sign for receiving district/RA)

Date

**Career Pathway Plan of Study template to be inserted here (hard copy)
or as a separate electronic file (Excel or other spreadsheet).**

STATUTORY REQUIREMENTS FORM

Requirement: 1. How will career and technical education programs be carried out?

1. Strategy(ies)	2. Corresponding Activity(ies)
1. The regional advisory committee will oversee center/regional activities.	None
2. Fifteen programs will be offered during the transition year at the XXXXX regional CTE center. An additional program in XXXXXX area will be explored and an application may be submitted for certification, if seen as valuable by the regional advisory committee.	#4, #6, and #9
3. (etc.).	
4.	

Requirement: 2. How will comprehensive professional development (including initial teacher preparation) for CTE, academic, guidance, and administrative personnel be provided that promotes the integration of coherent and rigorous content aligned with challenging academic standards and relevant CTE (including curriculum development)?

1. Strategy(ies)	2. Corresponding Activity(ies)
1. CTE instructors will team teach with academic instructors to raise the rigor of programs.	#1
2. Guidance staff at the sending schools will support students in enrolling in CTE programs.	#5 and #9
3. (etc.).	
4.	

SY 2007-08 PLAN AND DETAILED BUDGET FORM

Activity #1, Professional Development

All CTE programs in Center

CIP Codes:

1. Planned PI Impact	2. Rationale and Description of Activity	3. Perkins Citation
1 & 2	<p>Region XX will have provided competency based instruction training for instructors in all programs by the end of SY 2007-08. The training will focus on three areas:</p> <ul style="list-style-type: none"> • Designing competency statements for classroom use; • Facilitating student use of competency statements; • Assessing student competency gains. <p>This training has yielded significant improvements in PI's 1, 2, 3, & 4 during SY 2006-07 and similar benefits are expected for SY 2007-08.</p>	<p>Required 135(b)(4)(A)</p>

4. Detail Budget

Function Code	Object Code	Description	Federal Funds	District Funds
2222	111	Professional Development	\$1,900.00	\$250.00
1111	222	Training facility	\$0	\$250.00

Budget Notes:

1. Professional Development: Services of Jones-Smith @ \$268.75/hour for 8 hours.
2. XX Hotel function room rental, @\$250.00/day.

SY 2007-08 PLAN AND DETAILED BUDGET (CONT.)

(Example, page 2)

Activity #2, Computer Upgrades

Graphic Art and Printing, Culinary Arts and Biotechnology

CIP Codes: 480201, 120500, 281201

Planned PI Impact	Rationale and Description of Activity	Perkins Citation
2, 4 & 5	<p>The processing capacity of our computer system supporting Graphic Art and Printing is not up to the graphics-intense requirements of today’s industry standards. These limitations are reducing students’ chances of continuing on to postsecondary programs or entry-level positions. Two more computers and a router are needed to help students complete the program, gain all competencies, and transition to postsecondary as a result of this activity.</p> <p>The BioTech program needs a computer capable of connection to an electron microscope.</p> <p>Culinary Arts needs a new computer to bring facilities to state-of-the art standards, with touch-screen technology for placing orders and cash register functions.</p>	<p>Required 135(b)(3)(B) 135(b)(6) Permitted 135(c)(8)</p>

Detail Budget

Item #	Function Code	Object Code	Description	Federal Funds	District Funds
	1300	567	Four wiz-bang, big processor computers, including high-definition, touch-screen monitors	\$6,000	\$0
	4321	765	A router to upgrade the program’s system	\$900	\$0

Budget Notes:

1. 4 Dell, 1.5g Celeron-processor computers, including high definition monitors @ \$1500 ea.
2. One Symantec 3300 router, model ABCD, @ \$900 for graphic arts.

REVIEWERS' CHECKLIST

Secondary Applicant: _____

Reviewer/State Liaison: _____ Date: _____

Approval Status:

- | | |
|--|-------------|
| <input type="checkbox"/> Fully Approved | Date: _____ |
| <input type="checkbox"/> Substantially Approved | Date: _____ |
| <input type="checkbox"/> Not approved, see notes | Date: _____ |

Applicant instructions: Please use the left-hand column of the chart below to inform reviewers where in your 2007-08 application they can find the required contents listed in the middle column. Please leave right-hand column blank, as it is reserved for reviewers' use. Also, feel free to use this checklist as a tool to determine if your submittal is complete. **If any boldfaced item is missing or not completed satisfactorily, the application can not be approved.**

Reviewer instructions: The left-hand column asks applicants to give a page reference to the 2007-08 application where each requirement is discussed. Place a check in the second-to-the-left column if a requirement has been satisfactorily addressed. The middle column describes the required content of the application. The right-hand column is reserved for the reviewer's notes.

Page(s)	Requirement Met	Required Content	Reviewer's Notes
		CERTIFICATIONS AND ASSURANCES	
	_____	<i>Cover Page (Attachment A):</i> Is the Applicant Name provided?	
	_____	Is the Cover Page: Signed by Superintendent (original signature) or person legally authorized by district/RA?	
	_____	Dated?	
	_____	Is the contact information of Project Manager complete?	
_____	_____	Is the date of State Board approval provided and accurate?	

Page(s)	Requirement Met	Required Content	Reviewer's Notes
_____	_____ _____	<u><i>Nondiscrimination Statement (Attachment B):</i></u> Is the full text and contact information provided in the statement? Does the statement include all of the content illustrated in the model statement?	
_____	_____	<u><i>Certifications and Assurance (Attachment C):</i></u> Is the superintendent/authorized agent identified at top of the form the same person as the superintendent/authorized agent for the receiving school district/RA identified at the bottom?	
		SY 2007-08 PLAN	
_____	_____ _____ _____ _____	<u><i>Active and Eligible Programs (Attachment D):</i></u> Are the programs listed actually eligible to receive Perkins funds? Are any eligible programs missing? Does each eligible program have a corresponding CIP code, including the planned programs? Are two copies of Course Catalogues from all district/RA high schools provided?	
	_____ _____ _____ _____	<u><i>Career Pathway Plan of Study Template (Attachment E):</i></u> Header: Is the header information provided at the top of each page? Section I, Courses: Are all eight items about courses provided? Section II, Labor Market Information: Is the information on job openings, average incomes, and occupational projections provided? Section III, Partners: Are the appropriate CTSO(s) identified? Are business and industry partners identified and are they relevant to the pathway? Are appropriate	

Page(s)	Requirement Met	Required Content	Reviewer's Notes
_____	_____ _____ _____	articulation agreements/MOS(s) listed? Section IV, Certificates and Certifications: Are appropriate credentials held by instructors of courses? Are available and appropriate student credentials listed?	
_____	_____ _____ _____ _____	<u>Statutory Requirements (Attachment F):</u> Have all requirements been addressed? Have strategies been described for meeting all statutory requirements described (including equity)? Are activities associated with each strategy listed in column two? Are these activities all listed in the Annual Plan and Detailed Budget Form?	
	_____ _____ _____ _____ _____ _____	<u>SY 2007-08 Annual Plan and Detail Budget Form (Attachment G):</u> Is each activity identified by: <ul style="list-style-type: none"> • Name and number? • List of program(s) affected? • CIP codes of programs to be affected? Is the following detail provided for each activity: <ul style="list-style-type: none"> • List of performance indicators to be affected by the activity? • A brief rationale and description for how performance indicators will be affected by the activity? • A citation to Sect. 135 of the Perkins Act, indicating a required or permitted activity? Does each activity listed in the Plan have a single, separate detailed budget? Are line items identified by proper object and function codes?	

Page(s)	Requirement Met	Required Content	Reviewer's Notes
_____	_____	Do the Budget Notes document and agree with dollar amounts in the Federal and District Funds columns?	
FORM 1			
_____	_____	Is the Project Start Date August 22, 2007? _____ Is the Project End Date August 21, 2008? _____ Are line items identified by proper object codes? _____ Are line items identified by proper function codes? _____ Are Administrative Expenditures (including Indirect Costs) limited to no more than 5%? _____ Are all boldfaced items on the attached Form 1 Checklist included and correct?	

Has the following been included in the application?

_____ Completed SY 2007-08 Reviewers' Checklist and Form 1 Checklist

**Form 1 Checklist – SY 2007-08
Secondary**

Please use the following checklist to ensure an accurate and complete Form 1. When an item has been completed, place a check mark in the column with a “Y” at the top. If an item is not applicable, place a check mark in the “n/a” (not applicable) column, with comments in the right hand column.

CTE Center _____

Form 1 item	Y	n/a	Comments
Original Form 1 has been submitted (either double sided or multiple single-sided sheets),			
Original Form 1 submitted is the most current version dated September 2005.			
Each separate sheet of Form 1 is signed with original signature of superintendent or authorized agent			
Project Manager information is complete.			
Financial contact information is complete.			
Fiscal agent is an approved fiscal agent and is identified as either: <ul style="list-style-type: none"> ◆ a school district, an SAU, or an RA, or ◆ “School Department, City of _____” (applies only to Berlin, Dover, Laconia, Nashua, Portsmouth, Rochester and Somersworth) 			
Indirect cost rate does not exceed the approved FY07 rate for the identified fiscal agent			
Indirect cost amount is equal to or less than the maximum amount allowable for the allocation			
Indirect cost codes: <ul style="list-style-type: none"> ◆ If fiscal agent is an SAU, an RA, or a district in a single district SAU, function and object code is 5220 930 ◆ If fiscal agent is a district that is part of a multi-district SAU, function and object code is 2300/2500 810 			
Budget summary figures (top of budget page) are equal to the sum of the figures in the detail of budget that have a function and object code in that same category (e.g., 1000 200, 2000 400, etc.)			
Budget summary figures in each column add up to total figure in each column			
Budget summary figures in each row add up to the figure in the "Total" column			
Budget summary figures in "Total" column add up to the total budget figure			
Items in detail of budget add up to total budget figure, which is equal to or less than the allocation amount			

Form 1 item	Y	n/a	Comments
If audit fee line item is listed under the Detail of Proposed Budget, the indirect cost amount excludes audit fees			
Signed general assurances have been received by the Department of Education, Office of Audit and Technical Assistance from the SAU/district/RA.			