

APPLICATION FOR
POSTSECONDARY
CAREER TECHNICAL EDUCATION
PROGRAM IMPROVEMENT GRANTS
AND
FY 2008 ONE YEAR TRANSITION PLAN

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

New Hampshire State Department of Education
Bureau of Career Development
21 South Fruit St., Suite 20
Concord, New Hampshire 03301

Statement of Non-Discrimination

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 03301-3743
(603) 271-6642
(603) 271-6642 TTY/V

INTRODUCTION

The Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) holds all postsecondary Program Improvement grantees accountable for improving Career and Technical Education as measured by student performance. For Fiscal Year (FY) 2008 Transition year, postsecondary grantees in New Hampshire are not accountable for meeting performance goals.

This document provides guidance for submitting a successful application for FY 2008 Postsecondary Program Improvement Grants.

APPLICATION GUIDELINES

- I. **Deadline: July 16, 2007**
- II. **Submit one (1) unbound original and one (1) copy to:**

John Varrill
Bureau of Career Development, Room 266
NH Department of Education
21 South Fruit Street, Suite 20
Concord, NH 03301
jvarrill@ed.state.nh.us
(603) 271-2452

Critical dates in the FY 2008 planning schedule are:

| Task | Date |
|--|-----------------|
| Release of FY 2008 Application | May 3, 2007 |
| Deadline for submitting FY 2008 Applications | July 16, 2007 |
| Notification of approval status | August 1, 2007 |
| FY 2007 Grant End Date | August 31, 2007 |
| FY 2008 Grant Start Date | August 15, 2007 |
| FY 2008 Grant End Date | August 14, 2008 |

A complete application will include the following forms and sections, in the order shown below:

- ❑ **Cover Page** (One page, see Attachment A)
- ❑ **Nondiscrimination Statement and Assurance of Required Activities** (One page, see Attachment B)
- ❑ **Certificate of Institutional Advisory Committee** (One page, see Attachment C)
- ❑ **Certificate of Responsibility** (One page, see Attachment D)
- ❑ **List of Programs Eligible to Receive Support** (See Attachment E)
- ❑ **FY 2008 Plan** (unlimited pages)
- ❑ **New Hampshire Office of Business Management (OBM) Form 1** (September 2005 version)
- ❑ **Budget Narrative** (Ten pages in outline format, single-spaced, maximum)
- ❑ **Completed Application Checklist** (See Attachment F)

FY 2008 PLAN

The FY 2008 Transition Plan must describe activities to be accomplished in three areas during the transition year:

- Statutory requirements for local plans—the consortium must provide a plan for accomplishing activities listed in Sect 134 (b) of Perkins IV.
- Baselines and performance goals for two years--although responsibility for establishing the baselines and goals is primarily a state task, the consortium must describe how it will work with the state in developing these measures and performance goals. Most importantly, the consortium must describe how it will aid the state in identifying baselines and goals for the Technical Skills Attainment (1P1) indicator and for the indicator of student attainment of Credentials, Certificates, or Degrees (2P1).
- Required activities—describe how all of the required activities listed in Sec. 135 (b) will be accomplished.

Further detail on these requirements is provided in the Reviewer's Checklist in Attachment F.

OBM FORM 1 AND BUDGET NARRATIVE

Applicants may use up to 5% of funds for administrative purposes (including indirect costs) associated with the activities proposed in this application. The balance of funds is to be used to address required and permissible activities. Required activities specified under Section 135(b) must be provided, either through expenditures of federal or local funds. The applicant will assure the provision of these required activities in Attachment B. Permissible activities listed in Section 135(c) may be supported with Perkins funds only if all required activities are already planned for FY 2008.

Please submit a completed OBM Form 1 (September 2005 version) for the period starting August 15, 2007, to expedite access to continued funding. A Form 1 submittal is not,

however, a guarantee that the budget as submitted will be approved. Another Form 1 may be necessary if issues that alter the budget are identified by reviewers. In addition to the assurances listed on the Form 1, applicants are also responsible for maintaining General Assurances on file with the New Hampshire Department of Education. Please contact the Office of Audit and Technical Assistance at the Department at 271-3837 to obtain a copy of the General Assurances document.

The Budget Narrative should not exceed ten pages, single-spaced, in outline format. This section should briefly describe the assumptions and logic used in arriving at a total for each line item. This description should include how all costs are calculated, the basis used in estimating costs, and how major cost items relate to the proposed project activities.

The attachments that follow provide formats to use in the submittal as well as the checklist to be used by reviewers. Any instances where these formats are not used will be grounds for rejecting the application.

ATTACHMENTS

- A. COVER PAGE**
- B. NONDISCRIMINATION STATEMENT
AND ASSURANCE OF REQUIRED
ACTIVITIES**
- C. CERTIFICATE OF INSTITUTIONAL
ADVISORY COMMITTEE**
- D. CERTIFICATE OF RESPONSIBILITY**
- E. LIST OF PROGRAMS ELIGIBLE TO
RECEIVE SUPPORT**
- F. APPLICATION CHECKLIST**

COVER PAGE

POSTSECONDARY CAREER AND TECHNICAL EDUCATION PROGRAM IMPROVEMENT GRANT APPLICATION ONE-YEAR TRANSITION PLAN, FY 2008

1. Applicant

2. Signature of Chief Administrative Officer

Date

3. Name of Project Manager

Title

Project Manager Address:

Telephone

E-mail Address

Submit one (1) original and one (1) copy by July 16, 2007 to:

John Varrill
Bureau of Career Development, Room 266
New Hampshire Department of Education
21 South Fruit St., Suite 20
Concord, NH 03301
(603) 271-2452
jvarrill@ed.state.nh.us

NONDISCRIMINATION STATEMENT AND ASSURANCE OF REQUIRED ACTIVITIES

- I. Statement(s) of Nondiscrimination** (Use a separate sheet if the space provided here is inadequate.)

II. Assurance of Required Activities

The applicant assures that all activities authorized in Section 135 (b) of the Carl D. Perkins Career and Technical Education Act of 2006 as required uses of funds are provided either through the expenditure of such federal funds, through the expenditure of local funds, or a funding combination thereof.

Signature of Chief Administrative Officer

CERTIFICATE OF INSTITUTIONAL ADVISORY COMMITTEE

I, _____ certify that the
(Typed name and title of Chief Administrative Officer/Consortium Chair)
Institutional Advisory Committee for _____
(Name of Institution/Consortium)
is operational and that the Advisory Committee has had an opportunity to participate in
development of the application for the postsecondary Program Improvement Grant.

I further certify that the membership of this Committee includes representatives of the general
public including at least one representative each of business, industry, and labor, and that the
Committee has an appropriate representation of both sexes, as well as racial and ethnic
minorities.

(Signature, Chief Administrative Officer/Consortium Chair)

CERTIFICATE OF RESPONSIBILITY

I, _____
(Typed Name and Title of Chief Administrative Officer)

_____, hereby certify and assure that:
(Institution/Consortium)

1. The programs, services, and activities designated to be supported by funds through this application will be conducted in accordance with the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) New Hampshire 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 Perkins IV 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, program, and performance 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. Current certifications relating to Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions; relating to Lobbying for Grants and Cooperative Agreements; relating to Drug Free Schools and Work Places; relating to Information about the Use of Federal Funds; relating to Non-Discrimination; and relating to Gun Free Policies are on file with the New Hampshire State Department of Education.
6. All career and technical education programs offered by the eligible institution will conform to the definition of career and technical education stated in Sec. 3(5) of Perkins IV.
7. Students who are members of special populations will have equal access to and equal opportunities for success in CTE programs, consistent with guidelines provided by the NH Department of Education.

I certify that all information contained in this application is true and correct.

(Signature, Chief Administrative Officer)

Date

APPLICATION CHECKLIST

Postsecondary 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 | |

Applicant instructions: Please use the right-hand column of the chart below to inform reviewers where in your FY 08 application they can find the required contents listed in the middle column. Please leave the left-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 satisfactorily addressed, including items that are boldfaced in the attached Form 1 Checklist, the application will not be approved.**

Reviewer instructions: Place a check in the left column if the requirement has been met. The middle column describes the required content of the application. The right-hand column asks applicants to give a page reference to the FY 08 application.

| Requirement Met? | Required Content | Page(s) |
|--------------------------------------|---|---------|
| CERTIFICATIONS AND ASSURANCES | | |
| — | <u>Cover Page:</u> Is the Applicant Name provided? | |
| — | Is the Cover Sheet: Signed by Chief Administrative Officer? | |
| — | Dated? | |
| — | Is the contact information of Project Manager complete? (See Attachment A) | — |

| Requirement Met? | Required Content | Page(s) |
|---|--|--------------|
| <p>_____</p> <p>_____</p> | <p><u>Nondiscrimination Statement and Assurance of Required Activities:</u></p> <p>Is the text inclusive of all federal and state laws, as well as consortium members' individual policies, including the name, address, and phone number of appropriate contact personnel?</p> <p>Is the Assurance signed by Chief Administrative Officer (See Attachment B)</p> | <p>_____</p> |
| <p>_____</p> <p>_____</p> | <p><u>Certificate of Institutional Advisory Committee:</u></p> <p>Is the Chief Administrative Officer/Consortium Chair identified at top of the certificate the same as the signatory?</p> <p>Is the Certificate signed by Chief Administrative Officer (See Attachment C)</p> | <p>_____</p> |
| <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>Certificate of Responsibility:</u></p> <p>Is the typed name and title of Chief Administrative Officer entered at top of the Certificate?</p> <p>Is the name of the institution/consortium entered at top of Certificate?</p> <p>Is the original signature of the Chief Administrative Official at bottom the same person listed at the top of the Certificate? (See Attachment D)</p> | <p>_____</p> |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>Programs Eligible To Receive Support:</u></p> <p>Are the programs listed actually eligible to receive Perkins funds?</p> <p>Are any eligible programs missing?</p> <p>Does each eligible program have a corresponding CIP code?</p> <p>Are two copies of Course Catalogues from all consortium institutions provided?</p> | <p>_____</p> |

| | | |
|--|--|--|
| | <p>E. How the consortium will assure that career and technical education programs are of such size, scope, and quality to bring about improvement in the quality of career and technical education programs;</p> | |
| | <p>F. How the consortium will –</p> <ul style="list-style-type: none"> • review career and technical education programs, and identify and adopt strategies to overcome barriers that result in lowering rates of access to or lowering success in the programs, for special populations; • provide activities to prepare special populations, including single parents and displaced homemakers, for high-skill, high-wage, or high-demand occupations that will lead to self-sufficiency; | |
| | <p>G. How individuals who are members of special populations will not be discriminated against on the basis of their status as members of the special populations;</p> | |
| | <p>H. How funds will be used to promote preparation of career and technical student (enrollment and retention) for non-traditional fields;</p> | |
| | <p>I. How career guidance and academic counseling will be provided to career and technical education students, including linkages to future education and training opportunities;</p> | |
| | <p>J. How the consortium will improve-</p> <ul style="list-style-type: none"> • the recruitment and retention of career and technical education teachers, faculty, and career guidance and academic counselors, including individuals from groups underrepresented in the teaching profession; and • the transition to teaching from business and industry; | |
| | <p>K. How the consortium will offer one degree program per college/institute that has created or will create links from secondary to sub-baccalaureate to baccalaureate programs [Section 134 (b) (3) (A) and (E) and 134(b) (11)];</p> | |

| | | |
|--|---|--|
| | <p>L. How the consortium will generate a list of specialized accreditations and industry standard tests that are available for consortium member programs;</p> <p>a. How the consortium will collaborate with the state to review and identify options for the following performance indicators:</p> <ul style="list-style-type: none">• Assessing Technical Skills Attainment,• Determining Student attainment of Credentials, Certificates, or Degrees; <p>b. How the consortium will ensure equal access and success for students who are members of special populations through either of the following means:</p> <ul style="list-style-type: none">• Equity committees, including the names and email addresses of committee chairpersons for each member of the consortium, along with minutes of meetings of the Equity Committee;• A plan to ensure equality for special populations of students, including details such as personnel responsibilities and activities to be accomplished during the transition year. | |
|--|---|--|

| Requirement Met? | Required Content | Page(s) |
|--|---|---------|
| OBM FORM 1 AND BUDGET NARRATIVE | | |
| _____ | Is the Project Start Date August 15, 2007? | |
| _____ | Is the Project End Date August 14, 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%? | |
| _____ | Does the narrative describe the assumptions and logic used in arriving at a total for each line item? | |
| _____ | Are any of the boldfaced items on the attached Form 1 Checklist missing or incorrect? | _____ |

Attached Documents:

Please check below whether the following items were included as attachments to the application.

- _____ Institutional Advisory Committee membership list,
- _____ Minutes of the meetings of the Institutional Advisory Committee,
- _____ Completed FY 2008 Application Checklist and Form 1 Checklist

**Form 1 Checklist – 2007-08
Postsecondary**

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.

| Form 1 item | Y | n/a | Comments |
|---|---|-----|----------|
| Original Form 1 has been submitted (either double sided or multiple single-sided sheets), with an original signature of the chief administrative officer or person legally authorized by the consortium. | | | |
| Original Form 1 submitted is the most current version (September 2005) | | | |
| Project manager information is complete | | | |
| Financial contact information is complete | | | |
| “Fiscal agent – make checks payable to” is identified as “Treasurer – State of New Hampshire.” | | | |
| Indirect cost rate does not exceed the approved FY07 rate for the NHCTC System | | | |
| Indirect cost amount is equal to or less than the maximum amount allowable for the allocation | | | |
| Indirect cost function and object code is 5220 930 | | | |
| 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 | | | |
| If audit fee line item is listed under the Detail of Proposed Budget, the indirect cost amount excludes audit fees | | | |
| Signed general assurances for FY08 have been submitted to the Department of Education, Office of Audit and Technical Assistance. | | | |