SLCC CTE Perkins Program Support Proposal

Grant Period July 1, 2025 – June 30, 2026 (FY26)

Depart/Program of Study	
Name of Project	
Name/Title of Applicant(s)	
Total Amount Requested	0.00

Which of the following categories is applicable to your project?

☐ **1. Outreach and Access** (Example: Widget making is identified as a non-traditional program. The industry is currently 86% female; 14% male. The Department is planning a summer exploration event for male high school students. Funding is requested for buses, supplies, teachers, etc.)

☐ **2. Direct Student Support** (Example: SLCC CTE students need additional supports for childcare so they can complete their program of study. Funding is requested for vouchers to the SLCC Child Care centers)

☐ **3. Faculty/Staff Position** (Position must directly support CTE students and/or programs. The amount awarded must be allocable to the grant and funding cannot exceed 3 years maximum. Applicants must attach a plan to reduce the dependence on Perkins funds by 33% each year. New positions are subject to approval by Cabinet.)

☐ **4. Investment in Technology** (Example: Over the last decade, widget making has moved from Widget 1.0 to Widget 4.0. Current equipment only supports the teaching of 1.0. Funding is requested for new equipment/technology to provide industry-standard training.)

- Are you requesting funding through the Informed Budget Process (IBP) for the same project? Requesting funding from both is allowable. Documenting the dual request will ensure the institution does not violate federal supplanting requirements.

  ☐ Yes ☐ No

  If yes, what percentage of funds are you requesting from Perkins and what percentage of funds from IBP? (requesting 100% from each source is allowable and recommended):

Perkins % requested	IBP % requested

Signatures confirm that application is complete, meets the priorities of Carl Perkins funding and the program, and that all purchasing processes will be followed. All signatures are required.

Signature	*Date*
Faculty Applicant	
Associate Dean/Asst Director/Director	
Dean/Director/AVP	

Please answer all questions as thoroughly as possible. Include sources, where applicable. Attach any supporting documentation to the submission.

1. Check one box that aligns most closely:

Mandated (required for accreditation or industry compliance/certification)	
Safety-related (please include detail in narrative)	
Recommended by ECPAC or Industry Partner (include backup)	
Recommended to keep program current, improve program, or increase capacity	
Recommended to increase student support	
Necessary for new program startup	

2. Check all that apply:

Equipment (any single item over $5,000) – quote is included	
Supplies/Materials (single item(s) less than $5,000)	
Project or Activity	
Personnel	
Evidence of communication/approval w/OIT (any new technology), Facilities, or other required Offices	
Project was submitted previously	

3. Please describe the project you are proposing including associated curriculum changes and how project will be evaluated. If you are proposing an event or activity, include dates, locations, target audience, and how you will fund the marketing of the opportunity (*marketing is not an allowable cost for Perkins funding*). (recommended word count 150-250 words)

# Students impacted by investment (anticipated)	Brief explanation of the number of students impacted by this investment in a single academic year

4. Please explain how this expenditure will be institutionalized (for ongoing costs, detail how cost will be phased over three years).

Ongoing Cost – Personnel only - (*how will the expense move to institutional budgets?*)

5. Please explain how this expenditure meets new or emerging industry needs (Specify industry, emerging standards or tools, or how the project may strengthen the workforce pipeline etc.) **OR** how expenditure increases support that prepares students for new careers. (recommended word count 100-200 words)

6. Please explain how this project will improve the academic and/or technical skills of CTE students or improve CTE student support. (recommended word count 100-200 words)

7. Please describe how this project supports and prepares students from one or more special populations, including those entering programs that lead to nontraditional careers (if applicable) (Describe specific methods of support or specific programs leading to nontraditional careers). (recommended word count 100-200 words)

*(**Special populations** include the following: individuals with disabilities; individuals from economically disadvantaged families, including low-income youth and adults; individuals preparing for nontraditional fields; single parents, including single pregnant women; out-of-workforce individuals; English learners; homeless individuals; foster youth and former foster youth; youth with a parent who is a member of the armed forces and is on active duty; migrant students.)*

(***Nontraditional** is defined in Perkins legislation as "occupations or fields of work, such as career in computer science, technology, and other current and emerging high skill occupations, for which individuals from one gender comprise less than 25 percent of the individuals employed in each such occupation or field of work."*).

8. Please cite specific labor market demand for the Salt Lake County service area: occupation names, number of hires, projected growth, entry-level wages. (*You can send a request for these data to CarlPerkins@slcc.edu*).

Occupation Name(s)	**Number monthly openings**	**Projected Growth %**	**Entry-level wages**

9. Please describe how program personnel regularly collaborate with industry experts.

10. Please complete a detailed budget and budget justification.

	Item Short Description	**Quantity/ FTE**	**Cost per Item/ FTE**	**Total Cost**
Personnel *(In Budget Justification, please describe how Perkins funding will be reduced 33% each year over 3 years.*				
Salaries				0.00
Hourly Wages				0.00
Salaried Benefits				0.00
Other Benefits				0.00
			Personnel Subtotal	0.00
Contractual Services *(non-payroll action from personnel. Honorariums should be listed under "Other".*				
				0.00
				0.00
			Contractual Subtotal	0.00

Supplies/Materials *(Break down by item. List only items under $5,000. Costs for equipment shipping or installation should be included in this category)*			
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
Supplies/Materials Subtotal			0.00
Equipment (Single items over $5,000. Please attach quotes. Check w/Facilities or OIT for installation or technology and attach approval.)			
			0.00
			0.00
			0.00
Equipment Subtotal			0.00
Other (includes stipends, honorariums, printing, etc.)			
			0.00
			0.00
Other Subtotal			0.00
TOTAL REQUEST			0.00

(For additional budget detail, please attach a supplemental budget sheet)

Budget Justification - describe purpose of budget request(s).

Principal Investigator's Assurance Statement

	YES	NO
1. Does the principal investigator have a significant financial or other interest related to the project that could influence his/her College responsibilities?		
2. If yes, have these interests been reported according to College policies and procedures?		
3. Will any College employed, project personnel develop or help develop intellectual property?		
4. Will the project involve research on human subjects?		
Federal Research and Regulatory Compliance: Will any part of the project involve:		
1. Biohazards, select agents, infectious agents and/or recombinant DNA?		
2. The use, creation or disposal of chemicals, hazardous substances, toxic substances, and/or biological agents?		
3. The use of, development and/or disposal of any radioactive material?		
4. Work outside the United States? (explain below):		
5. Non-U.S. citizens/permanent residents? (explain below):		
6. Foreign travel by any personnel? (explain below):		

By my signature as Project Director/Principal Investigator below, I certify:

a. That I have read the attached guidelines and the solicitation thoroughly and agree to accept responsibility for the conduct of the project and to provide the required reports if the grant is awarded.

b. That I will adhere to all federal, sponsor, and Institutional Review Board regulations, including the OMB Circulars, and all College policies and procedures applicable to the project if the grant is awarded.

c. That I am not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in governmental grant activities by any governmental agency.

d. That false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and

e. That the information provided on this form is true, complete and accurate to the best of my knowledge.

Principal Investigator:_____ **Date:** _____

Additional Program Information

Date of Next Program Review: _____

Does this program have any work-based learning opportunities: (internship, externship, clinicals, apprenticeships, job shadow, industry visits?)

☐ Yes

☐ No

Has the department submitted all required Education & Career Pathway Advisory Committee (ECPAC) documents (please email separately to CarlPerkins@slcc.edu):

Meeting Dates
Meeting Minutes
ECPAC Membership

☐ Yes

☐ No

Does the program participate in any of the following career and technical student organizations (CTSOs)?

☐ BPA (Business Professionals of America)

☐ DECA (Leadership & Entrepreneurship in marketing, finance, hospitality, & management)

☐ FBLA – PBL (Future Business Leaders of America – Phi Beta Lambda)

☐ FCCLA (Family, Career & community Leaders of America)

☐ FFA (Future Farmers of America)

☐ HOSA (Future Health Professionals)

☐ SkillsUSA

☐ TSA (Technology Student Association)