Perkins Postsecondary Application for State Approval of Career and Technical Education (CTE) Programs

SECTION 1: GENERAL INSTRUCTIONS

AUTHORITY: Strengthening Career and Technical Education for the 21st Century Act: PL 115-224

PI-24-23 – Perkins Postsecondary State-approved Programs

COMPLETION: Voluntary

Applications can be submitted at any time throughout the program year by an institution's CTE Administrator. Proposed activities for programs of study yet to be state-approved may be included in an institution's Local Application prior to receiving state-approved status. Full approval of the Local Application may be granted following the submission of a substantially approvable application for state approval.

Once this application is submitted, the institution will be notified of review findings within thirty (30) calendar days. LEO-WD may request modifications, deny, or approve the application. If modifications are required, an email will be sent to the CTE Administrator requesting those changes. LEO-WD requests all modifications be submitted within ten business days. If changes cannot be made within ten business days, the applicant may submit a written request for extension subject to approval by LEO-WD. Once the application has been approved, LEO-WD will notify the applicant and update the Program Inventory.

Institutions seeking approval for newly developed programs must complete sections 2, 3, 5, 6 and Appendix A.

Institutions seeking approval for existing programs that have been operating for 3 years or more must complete sections 2, 3, 4, 5, 6, Appendix A and must submit the most recently completed program evaluation.

Please contact the Perkins Postsecondary team at LEO-MiCC@michigan.gov with questions regarding this application.

SECTION 2: SUBMITTING EDUCATIONAL AGENCY

Institution Name: _____

CTE Administrator Name: _____

Title: _____ Date: _____

Email: _____ Phone: _____

SECTION 3: PROGRAM INFORMATION

Program Name: _____

Program Start Date: _____

CIP Code: _____ SOC: _____

Award/Degree Level (select all that apply):

☐ less than1 Year
☐ greater than or equal to 1 Year but less than 2 Years
☐ 2-Year certificate/associate degree
☐ greater than or equal to 2 Years but less than 4 Years

High-Skill, High-Wage, or In-Demand (select all that apply based upon State Criteria):

☐ High-Skill
☐ High-Wage
☐ In-Demand

Credits Required for Completion (Full Time):

Less than 1 Year: _____

Greater than or equal to 1 but less than 2 Years: _____

2-Year Certificate/ associate degree: _____

Greater than 2 but less than 4 Years: _____

Current and Projected Student Headcounts (Unduplicated) and Contact Hours for Two Subsequent Years:

Current Program Year: _____

Program Duration (e.g.: less than 1 Year, greater than or equal to 1 but less than 2 Years, etc.):

_____

Headcount: _____

Contact Hours: _____

Current Program Year: _____

Program Duration (e.g.: less than 1 Year, greater than or equal to 1 but less than 2 Years, etc.):

_____

Headcount: _____

Contact Hours: _____

Current Program Year: _____

Program Duration (e.g.: less than 1 Year, greater than or equal to 1 but less than 2 Years, etc.):

_____

Headcount: _____

Contact Hours: _____

Current or Projected Tuition per Year (Number of Credit Hours Per Year X Cost Per Credit Hour):

Program Year: _____

Less than 1 Year: _____

Greater than or equal to 1 but less than 2 Years: _____

2-Year certificate/ associate degree: _____

Greater than 2 but less than 4 Years: _____

Current or Projected Additional Fees (Non-course Related):

Program Year: _____

Less than 1 Year: _____

Greater than or equal to 1 but less than 2 Years: _____

2-Year certificate/ associate degree: _____

Greater than 2 but less than 4 Years: _____

Projected Budget for Current Program Year
(will reflect either costs for implementation or continuation):

EXPENDITURE CATEGORIES	Program Year: _____
1. Instructional Salaries and Fringes	$_____
2. Salaries and Fringes of Aides	$_____
3. Instructional Travel and Advisory Committees	$_____
4. Instructional Supplies and Materials	$_____
5. Equipment Purchase/Lease	$_____
6. Facility Construction/Renovation	$_____
7. Other Direct Costs (specify)	$_____
	TOTAL $_____

Projected Revenues for Current Program Year:

Current Program Year: _____

Tuition and Fees: $_____

Local and/or State: $_____

Federal: $_____

Other (specify)*: $_____

Total: $_____

*Specify:

Personnel Required for Current Program Year:

Current Program Year: _____

Existing Faculty: Full-time: _____ Part-time: _____

New Faculty: Full-time: _____ Part-time: _____

Projected Job Openings in Expected Occupations for Three Years:

Program Year: _____

Full-time: _____ Part-time: _____

Program Year: _____

Full-time: _____ Part-time: _____

Program Year: _____

Full-time: _____ Part-time: _____

SECTION 4: PERKINS CORE PERFORMANCE INDICATORS

Core Indicator (Perkins V)	Most Recent Program Year Core Performance Indicator Outcomes		
	Accepted Local Performance Level Target	Institutional Outcome	Program Outcome
1P1: % of CTE concentrators who, during the second quarter after program completion, remain enrolled in postsecondary education, are in advanced training, military service, or a service program that receives assistance under title I of the National and Community Service Act of 1990 (42 U.S.C. 12511 et seq.), are volunteers as described in section 5(a) of the Peace Corps Act (22 U.S.C. 2504(a)), or are placed or retained in employment.			
2P1: % of CTE concentrators who receive a recognized postsecondary credential during participation in or within 1 year of program completion.			
3P1: % of CTE concentrators in career and technical education programs and programs of study that lead to non-traditional fields. **If this is NOT a nontraditional program, enter N/A in the Program column**			

Data Analyses: Provide a brief analysis of your data and explain what ramifications these data have for program improvement, especially in the areas of the Perkins Core Performance Indicators.

SECTION 5: APPLICATION NARRATIVE

Program Description: Provide a succinct paragraph describing the program. Indicate the difference between the associate degree and certificate programs, if applicable. Indicate program goals and student outcome objectives. Specifics about how academic skills will be integrated must be discussed. Identify all potential credentialing opportunities, inclusive of micro and stackable credentials. Explain how the program will offer multiple entry and exit points for students and list existing or intended work-based learning opportunities available to students in the program.

Occupations: Provide a list of occupations for which the student completing the program will be qualified. The specifics about the occupation should also be discussed, e.g., special skills and knowledge required via formal education, employment opportunities (current and future).

Secondary Linkages/Articulation: Briefly describe your plans to articulate the proposed program with a similar program(s) offered by any secondary and/or four-year baccalaureate degree granting institution(s).

Physical Facilities: Describe the facilities in which the program will be housed. Specify whether the proposed program will require the construction of new physical facilities, renovation of existing facilities, or use of temporary facilities.

Accreditation: Describe the status of the recognition, accreditation, or licensing application by external agencies, if applicable.

College Approvals: Describe the status of the review and approval by the college curriculum committee, faculty, administrators, and board. If prior approvals are not complete, please indicate projected approval dates.

Occupational Courses: Identify the program courses in sequence by term or semester in which they are to be taken by the student.

Catalog Descriptions: Provide the catalog description for each specialty and supportive course(s) required for the program.

Advisory Committee: List the names, titles, and organizational affiliation of members of the advisory committee that has been selected to advise the college on the development, implementation, evaluation and improvements of this occupational program. Attach advisory committee meeting minutes that include proposed program recommendations.

Program Evaluation: Institutions are required to complete program evaluations no less than once every five years for state-approved programs. They may utilize LEO-WD's Program Review of Occupational Education (PROE) or may have an alternative evaluation process approved. Indicate below whether the institution plans to utilize LEO-WD's PROE or seek approval for an alternative evaluation process.

☐ Utilize LEO-WD PROE

☐ Apply for approval of alternative program evaluation

If planning to seek approval for an alternative evaluation process, give a brief description of the institution's process and schedule for performing program evaluation. **Attach a copy of the desired alternative evaluation to this application.**

Recommendations: Recommendations for program implementation as well as a management plan for implementation and operation should be placed in this section.

SECTION 6: CERTIFICATION

I certify that the information submitted on this application is accurate and complete to the best of my knowledge.

President Printed Name: _____

Signature: _____ Date: _____

CTE Administrator Printed Name: _____

Signature: _____ Date: _____

APPENDIX A - NEEDS STUDY

All institutions seeking state approval for a program of study must complete the below Needs Study by filling in the blanks. Statements must be supported by data. Sources of all information must be provided.

A **needs study** was conducted for Enter name of Community College here
by Enter college personnel or name of firm that conducted study here
during Enter winter,spring,fall, etc. here for the proposed new program:
Enter program title here,
Enter CIP code here.

The **geographic area** to be served by the college includes the cities of:

and the following counties:

.

The needs study surveyed Enter actual number here employers and revealed that within the geographical area served by the college Enter number here **skilled person are currently employed** Full time/part time number in the occupation for which this program could provide training.
Additionally, Enter number persons are receiving **on-the-job training** for this occupation Full time/part time number.

The needs study **projected** one- and five-year full- and part-time **job opportunities** relative to participants in this program.
For **associate degree** holders, Enter number positions (Enter number full-time; Enter number part-time) are projected within one year.
Within five years, Enter number positions are projected (Enter number full-time; Enter number part-time).

For **certificate** holders, Enter number positions (Enter number full-time; Enter number part-time) are projected within one year.
Within five years, Enter number positions are projected (Enter number full-time; Enter number part-time).

For individuals who upgrade themselves with **limited course work**, Enter number positions (Enter number full-time; Enter number part-time) are projected within one year.
Within five years, Enter number positions are projected (Enter number full-time; Enter number part-time).

Within the State of Michigan, the **employment opportunities** for those trained in this occupation currently are Enter number full-time and Enter number part-time. It is projected that within one year Enter number positions will be available, and within five years Enter number will be available.

A student graduated in this field can expect a **starting hourly wage rate** (excluding benefits) of $_____ for a certificate holder and $_____ for an associate degree holder (based on the geographical area to be served).

CHECK ONLY ONE: Within your geographical area:

☐ Job opportunities are projected to be available for no less than 75% of the projected program enrollees in any one year.

☐ At least 90% of the projected program enrollees will be employed persons from the proposed program area who desire upgrading within this occupation.

A student survey indicated that _____ individuals are interested in pursuing the program (_____ associate degree, _____ certificate, _____ course work).
Survey respondents included a total of _____ present community college students and employed persons.

Existing Educational Opportunities

List the educational opportunities available for students interested in this program that are within the geographic area currently served by the college.

Institution	**Program**	**Location**