Local Leadership Grant

Career And Technical Education (CTE) Administrator

Work Plan for 2025-2026

Educational Agency: _____

2-digit College Code: _____ Recipient Code: _____ Zip Code: _____

Address: _____ City: _____

Email: _____ Phone: _____

If the CTE Administrator's Address is DIFFERENT from that shown above, fill out information below:

CTE Administrator Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

☐ This is a ***new*** work plan for 2025-2026. (Complete Pages 1-7 and send completed form to LEO-MiCC@Michigan.gov)

☐ Please ***extend*** the work plan currently on file with the Michigan Department of Labor and Economic Opportunity, Workforce Development (LEO-WD)/Perkins Postsecondary through years 2025-2026. (Complete Pages 1, 6, and 7 and send completed form to LEO-MiCC@Michigan.gov)

A new or extended work plan must be submitted annually to receive the Local Leadership award.

Position Information and Required Qualifications

Complete information below if identified as a new appointee for CTE Administrator.

1. Proposed appointee information:

Name: _____ Title: _____

Program Year Dates_____

2. Proposed Appointee Education: if this is an application for a new dean, a current resume and a copy of transcripts must be submitted to LEO-WD.

3. Proposed Appointee Experience:

4. Proposed Appointee Alternate Criteria: if a candidate does not meet the qualifications, an evaluation of demonstrated competency in the administration of and/or teaching in occupational education programs will be made by LEO-WD.

5. Line-Staff Relationship Description: an organizational chart may be submitted to LEO-WD in lieu of descriptions.

Duties and Responsibilities

Complete information below if a new CTE Administrator.

Explanation of how the CTE Administrator will fulfill each of the following responsibilities for CTE state-approved programs, including planning and supervisory responsibilities, incorporating goals that are specific, measurable objectives.

1. Intra-Agency Communication and Coordination: Describe how you will coordinate and develop activities necessary to bring about closer communication and coordination with your institution and stakeholders.

Activities	Outcomes	Completion Date

2. Inter-Agency Communication and Coordination: Describe how you will serve as liaison and support partnerships that improve delivery of high-quality CTE state-approved programs.

Activities	Outcomes	Completion Date

3. Planning and Financial Management: Describe your plan to coordinate and prepare the local application and comprehensive local needs assessment (CLNA). Describe your plan to prepare and administer the institution's annual budget and maintain records for CTE.

Activities	Outcomes	Completion Date

4. Assessment and Evaluation: Describe how you will provide leadership and direction to evaluate all CTE state-approved programs in the program inventory, and the effectiveness of each program.

Activities	Outcomes	Completion Date

5. Personnel Supervision: Describe how you will ensure that occupational faculty selected for the instruction of CTE state-approved programs or courses meet the required qualifications

Activities	Outcomes	Completion Date

6. Professional Development Coordination: Describe how you will ensure that an annual plan is developed for CTE faculty that includes a comprehensive professional development program for effective pedagogy. Explain how you will coordinate and utilize federal and local resources and address outcomes in the local improvement plan, and CLNA for each program and program of study criteria.

Activities	Outcomes	Completion Date

7. Curriculum Development Coordination: Describe how you will coordinate the approval process to qualify CTE state-approved programs for participation in federal activities. Explain how you will ensure that curriculum discussions with various curriculum committees include the principles of academic integration and that the appropriate course of study is designed to meet the needs of business and industry. Also, explain how you will ensure that curriculum development strategies are developed to provide quality instruction and to address the outcomes in the local improvement plan, and CLNA for each program and program of study criteria.

Activities	Outcomes	Completion Date

Proposed Budget

Total Proposed Administration and Travel Budget. This grant must follow the reimbursement policies and procedures outlined in the Office of Management and Budget (OMB), Uniform Guidance, 2 CFR 200. Please note mileage rate of **70 cents** per mile. Total grant amount: **$9,200**.

Salary Amount: _____ Travel Amount: _____

Program Year Dates: _____

Refer to the Perkins Postsecondary Program Manual for more information.

Specific Assurances of Compliance with Federal and State Regulations and Policies 2025-2026

As the CTE Administrator, I assure that:

I agree to all Perkins V postsecondary Assurances and Certifications listed within the Local Application.

I will coordinate and prepare the local application and develop the CLNA in cooperation with other stakeholders and submit in a timely manner.

Funds will be expended in conformance with the approved plan using acceptable accounting practices.

The Final Expenditure Report (FER) will be submitted for project close out no later than 60 days after the project year ends, or by August 29, 2026. **Note**: Grant funds cannot be encumbered after the project ending date of June 30, 2026. All encumbered funds must be spent by August 29, 2026.

All data reports will be completed, coordinated, and submitted to Perkins Postsecondary in a timely manner.

All reports required by state or other agencies will be prepared and data will be forwarded in time to meet all reporting requirements.

I will submit application materials and annual reports for Perkins and CTE Administrator activities in a timely manner.

I will implement professional development activities planned for the institution, including specific learning for instructors.

I will implement curriculum development planned in the institution.

I will ensure that students receive support services and guidance toward their success in earning credentials of value.

I will implement the following activities planned in the institution:

a) Strengthen the academic, technical, and employability skills of students.
b) Provide students with strong experience in and understanding of an industry.
c) Development of Programs of Study and Postsecondary Credit Agreements.
d) New/restructured career and technical education programs.
e) Integration of academics and CTE programs.
f) Comprehensive professional development.
g) Career exploration and development activities.
h) Develop and implement program evaluations, including special populations.
i) Secondary and postsecondary CTE linkages.
j) Ensure equal access to approved CTE programs of study and activities for special populations.

I will maintain fiscal (budget/expenditure) and application-related data.

All necessary data and/or reports, including detailed financial transactions for costs incurred will be maintained on site for monitoring purposes.

I assure that all federal funds are expended and/or encumbered during the grant period per the approved budget.

All other daily operational activities necessary for successful instruction and program management will be executed.

Signature of CTE Administrator: _____

Name of CTE Administrator: _____ Date: _____

Signature of President: _____

Name of President: _____ Date: _____