

**Department of Labor and Economic Opportunity-Workforce  
Development (LEO-WD)  
Perkins Postsecondary**

**COMPLIANCE REVIEW CHECKLIST  
Program Year Reviewed 2023-2024**

**INSTITUTION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

The following review items are pursuant to the requirements of the Strengthening Career and Technical Education for the 21st Century Act, Public Law 115-224 (Perkins V). Perkins V, Uniform Grant Guidance (UGG), the Perkins V Michigan State Plan, and LEO-WD Department Policy requires monitoring activities as necessary to ensure program effectiveness and the funds are used for authorized purposes.

Institution staff should provide evidence(s) believed to meet each requirement as outlined and/or suggested below. Upon completion of the review, LEO-WD will provide a summary of topics reviewed and, if applicable, identify findings, corrective actions, administrative recommendations, and communicate best practices.

**I. REVIEW AREA: INSTITUTIONAL POLICY**

**LOBBYING POLICY**

No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member Of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant, the applicant shall complete and submit Standard Form SF-LLL Disclosure Form to Report Lobbying, in accordance with its instructions.

**EVIDENCE:**

- Assurances and Certifications made available through the Next Generation Grant, Application and Cash Management System (NexSys). No documentation required.

Or select and provide the following:

- Governing board policy/procedures manual (adopted policy statement)
- Governing board approved meeting minutes
- Other

**RESULTS:**  No action required  Action required

**RECOMMENDATION:**

**COMMENTS (optional):**

**NON-SUPPLANTING POLICY**

Federal funds received under the Act will be used to supplement and increase (to the extent reasonable) the amount of state and local funds that would, in the absence of such federal funds, be made available for the use specified in the Act, and in no case supplant state or local funds.

**EVIDENCE:**

- Assurances and Certifications made available through the Next Generation Grant, Application and Cash Management System (NexSys). No documentation required.

Or select and provide the following:

- Governing board policy/procedures manual (adopted policy statement)
- Governing board approved meeting minutes
- Other

RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

**II. REVIEW AREA: EQUITY ASSURANCES**

**NON-DISCRIMINATION POLICY**

The institution demonstrates governing board adoption of either separate or comprehensive policies that no persons shall be discriminated against on the basis of race, color, religion, national origin or ancestry, age, sex, disability, or marital status or be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination in any program or activity for which the institution is responsible or for which it receives federal financial assistance from the Department.

<p>EVIDENCE:</p> <p><input type="checkbox"/> Michigan Civil Rights Compliance Review (CRCR) Summary Report (program year 2023-2024). No documentation required.</p> <p>Or select and provide three of the following:</p> <p><input checked="" type="checkbox"/> Local Application question #9, Assurances and Certifications made available through the Next Generation Grant, Application and Cash Management System (NexSys). No documentation required.</p> <p><input type="checkbox"/> Governing board policy/procedures manual (adopted policy statement)</p> <p><input type="checkbox"/> Governing board approved meeting minutes</p> <p><input type="checkbox"/> Grievance procedures</p> <p><input type="checkbox"/> Institution catalog</p> <p><input type="checkbox"/> Student Handbook</p>
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<input type="checkbox"/> Printed brochures
<input type="checkbox"/> Program applications and prerequisites
<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

**CIVIL RIGHTS COMPLIANCE POLICY ADOPTION**

The institution demonstrates governing board adoption of either separate or comprehensive policies addressing the requirements of the following acts:

A. Title VI of the Civil Rights Act of 1964, §100.6(d)

No person in the U.S. shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.

B. Title IX of the Education Amendments of 1972, §106.1

Title IX is designed to eliminate discrimination on the basis of sex in any education program or activity receiving federal financial assistance (FFA).

C. Section 504 of the Rehabilitation Act of 1973, §104

No qualified person with a disability shall, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives FFA.

D. Title II (American’s with Disabilities Act) - Subpart B, §35.130(a)

No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.

**EVIDENCE:**

- Michigan Civil Rights Compliance Review (CRCR) Summary Report (program year 2023-2024). No documentation required.
- CRCR Compliance Plan (if applicable)

Or select and provide the following:

- Assurances and Certifications made available through the Next Generation Grant, Application and Cash Management System (NexSys). No documentation required.

- Governing board approved policy/procedures (individual or comprehensive)

Title VI: Policies must include color, race, and national origin

Title IX: Policies must include gender

Section 504: Policies must include disabilities

Title II: Recommended, but not required (ADA-Disability)

- Governing board approved meeting minutes (adopted policy statement)

- Interview with institution staff

- Other

**RESULTS:**  No action required  Action required

**RECOMMENDATION:**

**COMMENTS (optional):**

### III. REVIEW AREA: PROGRAM ADMINISTRATION

The institution will provide compliance evidence pertaining to components of the local grant administration process including the timely submission of grant materials; the required uses of funds; program of study size, scope and quality; and leadership roles and responsibilities.

#### EVIDENCE:

- Timely submission of the updated CLNA, Local Application, Local Leadership Application, Final Report, and Final Expenditure Report (FER). No documentation required.
- As described in section Sec. 135(b) of Perkins V, each of the following six requirements for uses of funds has been addressed within the program year, whether it be supported with federal, state, local, or a combination of funding sources. Provide evidence supporting institutional activities related to three or more of the following.
  - Career exploration and career development activities
  - Professional development
  - Skills necessary to pursue careers in high-skill, high-wage, or in-demand industry sectors
  - Integration of academic skills
  - Increasing local levels of performance
  - Develop and implement evaluations
- Documentation supporting sufficient size, scope and quality, as defined in the *Perkins Postsecondary Program Manual*, which may be evidenced through enrollment, program approval, linkages to secondary, etc.
- Postsecondary State-approved CTE programs must have a secondary linkage which may be evidenced by a sequence of courses from secondary through postsecondary, credentials completed, program articulation agreement, USDOL Registered Apprenticeship program agreement, etc.
- Outline the process for ensuring credentials offered add value to the occupational programs of study.

<input type="checkbox"/> Advisory committee representation, meeting frequency, and alignment with local education agencies.
<input type="checkbox"/> Organization chart highlighting structure of local Perkins administration and oversight.
<input type="checkbox"/> Other
<b>RESULTS:</b> <input type="checkbox"/> No action required <input type="checkbox"/> Action required
<b>RECOMMENDATION:</b>
<b>COMMENTS (optional):</b>

#### **IV. REVIEW AREA: PERSONNEL QUALIFICATIONS**

##### **FACULTY WORK EXPERIENCE AND LICENSURE**

Occupational course instructors shall have a minimum of two years of related work experience in the specific occupational area or in a directly related career field. When a license is required in a specialized field, it must be obtained prior to employment and remain current during the period of employment.

<b>EVIDENCE:</b>
<input type="checkbox"/> A list of full and part time instructors.
<input type="checkbox"/> Sampling of three or more individuals' personnel files from various occupational programs, including: <ul style="list-style-type: none"> <li>• Application for employment,</li> <li>• Copy of valid Michigan license (if applicable), and</li> <li>• Job resume or curriculum vitae.</li> </ul>
<input type="checkbox"/> Three or more recent position postings.
<input type="checkbox"/> Policy/procedure related to candidate selection and hiring requirements.
<input type="checkbox"/> Other

RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

**V. REVIEW AREA: STUDENT SUPPORT SERVICES**

**SPECIAL POPULATIONS – STUDENTS**

The project activities are directed toward students who are formally enrolled in a State-approved occupational program of study during the reporting year, as identified by CIP code, or have formally declared an intent or commitment through a career assessment to enroll in a State-approved occupational program of study, and through a formal assessment has been determined to be in one or more special populations categories and received at least one supportive service within the reporting period.

EVIDENCE:
<input type="checkbox"/> Summary of how existing and potential special population students are identified, consulted with, and followed up with. This may include the following: <ul style="list-style-type: none"> <li>• Written policies and procedures,</li> <li>• Intake, assessment and reassessment,</li> <li>• Systematic process for record keeping, and</li> <li>• Explanation of any collaboration with secondary partners.</li> </ul>
<input type="checkbox"/> Discuss how all assessed students are counted in order that they be reported appropriately.
<input type="checkbox"/> Sampling of three or more students’ personnel files. This includes their educational path, assessment, unique needs, barriers, interests, abilities, work experiences, services, and an overall plan for helping them achieve their education and employment goals.
<input type="checkbox"/> Examples of State-approved program of study promotional materials provided to students, inclusive of promoting non-traditional fields.
<input type="checkbox"/> Examples of available student support services and/or resources.



<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

**SPECIAL POPULATIONS – COST OF ATTENDANCE**

Review of financial records, student files, attendance cost policy, and other practices for all ten Special Populations categories, to assure equal treatment and supports for those with greatest need.

EVIDENCE:
<input type="checkbox"/> Support is identified as a priority within the CLNA, and cost is built into the Local Application.
<input type="checkbox"/> Cost of attendance support policy/procedural documentation surrounding identifying and assessing students, determining services or supports, determining students with the greatest need, and the process for distributing funds.
<input type="checkbox"/> Sampling of student files which may include the following: <ul style="list-style-type: none"> <li>• Records that identify students are enrolled in State-approved occupational program of study,</li> <li>• Support services and/or resources provided,</li> <li>• Supplemental material pertaining to services provided (e.g., child and dependent care tracking logs, transportation services, mileage reports, attendance records),</li> <li>• Receipts for reimbursed expenses.</li> </ul>
<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required

RECOMMENDATION:

COMMENTS (optional):

## VI. REVIEW AREA: FUND ACCOUNTING

A review of established institutional policies and procedures outlining appropriate internal controls aligned with [Generally Accepted Accounting Principles \(GAAP\)](#) and applicable federal and state regulations. Institutions will also provide evidence supporting reported expenditures and purchases.

EVIDENCE:

- Copies of Single Audit Act management letter and audit reports for the year prior to the current year. No documentation required.
- Explanation of the institution's budgetary process, handling restricted funds, personnel responsible for tracking and authorizing Perkins expenditures, and interlinkages with the CTE Administrator.
- Internal chart of accounts and explanation to assess accurate categorization of expenditures into the Perkins identified Function Codes and Object Codes.
- Expenditure reports, along with a sample of receipts and/or invoices linked to local uses of funds.
- Expenditure reports, along with a sample of receipts and/or invoices linked to funding priorities identified in the CLNA.
- Local Leadership expenditure receipts.
- Evidence(s) of time and effort.
  - Internal controls (policies/procedures) which provide reasonable assurance charges are accurate, allowable and allocable.
  - Time sheets or other evidence of record keeping for split-funded positions.

<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

## VII. REVIEW AREA: LABS AND EQUIPMENT

Perkins recipient institutions will maintain at least seven years of inventory comprised of equipment items initially costing \$5,000 or more. Monitoring of labs and equipment will be done for the one year prior to the current year. Eligible equipment items will be properly tagged and inventoried by the institution. Notification of on-site visitation may be provided by LEO-WD as necessary for institutions with purchases made with Perkins funds exceeding \$5,000.

EVIDENCE:
<input checked="" type="checkbox"/> Actual expenditures and capital equipment purchases align with Final Equipment Inventory Sheet. No documentation required.
<input type="checkbox"/> Outline institutional process for identifying, prioritizing, budgeting for, procuring and installing allowable equipment for State-approved occupational programs of study.
<input type="checkbox"/> Close-up and wide-angle photos of equipment placement, including inventory sticker(s) clearly indicating the source of funding.
<input type="checkbox"/> Full records of three pieces of capital equipment purchased (if applicable). Evidence should include quotes from multiple vendors, dated purchase orders, delivery dates, paid invoice receipts, and warranty information.

<input type="checkbox"/> Written procurement policies, aligned with procurement competition rules ( <a href="#">2 CFR 200.320</a> ), and in accordance with the bid letting policies and procedures established by the governing body of the institution.
<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:
COMMENTS (optional):

**VIII. REVIEW AREA: LOCAL PERFORMANCE AND PROGRAM EVALUATION**

State-approved occupational programs of study must be evaluated no less than once every five years. Upon completion of program evaluations, institutions must update the date of last evaluation in accordance with Program Inventory procedures.

EVIDENCE:
<input type="checkbox"/> Sample of three or more Local Evaluation Self-Study Reports (PROE), or approved alternate evaluations, completed within the year prior to the current year.
<input type="checkbox"/> Summary of institutional process for administering program evaluations including relevant staff, roles and responsibilities, timelines, and follow up in response to outcomes in order to affect necessary change.
<input type="checkbox"/> Other
RESULTS: <input type="checkbox"/> No action required <input type="checkbox"/> Action required
RECOMMENDATION:

COMMENTS (optional):

### Core Indicator Data

EVIDENCE:

- Timely submission of all required data reports. No documentation required.
- Explain the institution's data collection methodology process; including how the data was reviewed for accuracy, reliability, and validity prior to submission.
- Explanation of the institutional exit survey process including average response rate, timing for sending surveys, follow up protocols for increasing response rates, and examples of other challenges and best practices.
- Review Core Performance Indicators (CPIs) compared to local targets and discuss institution strategy for performance and improvement on measures where at least 90% of the target was not obtained (if applicable).
- Other

RESULTS:  No action required  Action required

RECOMMENDATION:

COMMENTS (optional):

**GENERAL COMMENTS/OBSERVATIONS:**

**Compliance Review Team Member Signatures**

_____ <b>Nolan Lienhart</b> <b>Date</b>	<b>Date</b>	_____ <b>Neco Jackson</b>
_____ <b>Virginia Zimmerman</b> <b>Date</b>	<b>Date</b>	_____ <b>Chelsey Goodrich</b>