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Illinois Postsecondary Perkins Local Application

Fiscal Years 2021 - 2024

Application Due Date: May 01, 2020

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# **General instructions**

Perkins V requires community colleges to develop and implement a **four-year local application, with** 2021-2024 being **the fiscal years being covered in this application**. The Local Application under Perkins V is comprised of elements from the comprehensive local needs assessment, data analysis and performance improvement, application narrative, annual work plan, Uniform Budget, and Acknowledgement of Grant Processes document. To be eligible for funds, each college must submit a complete Local Application that identifies goals and objectives that reflect **yearly and long-term implementation and progress**. Read all instructions carefully. A submission checklist has been included for your convenience. Any incomplete local application will be returned.

Reference the [fiscal year 2021 – 2024 Local Application Guidelines](http://www.iccb.org/cte/wp-content/uploads/2019/10/FY2021-2024-Postsecondary-Perkins-Guidelines.pdf) to access supporting background information regarding Perkins V and specific local application processes.

Submission Checklist:

|  |  |  |
| --- | --- | --- |
| Item | Document | Complete and Included |
| **1** | Application Cover Page |  |
| **2** | Performance Data Analysis |  |
| **3** | Performance Improvement Narrative and Plan |  |
| **4** | Copy of your completed Comprehensive Local Needs Assessment (CLNA) (***separate document***) |  |
| **5** | CLNA Outcomes Review |  |
| **6** | Application Narrative |  |
| **7** | Programs of Study Inventory |  |
| **8** | Uniform Budget (***separate document)*** |  |
| **9** | Annual Work Plan (***separate document***) |  |
| **10** | Acknowledgement of Grant Processes document (***separate document***) |  |

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| **Application Completion Process** | |
| **Technical Assistance Meeting** | Technical Assistance for the fiscal year 2021 - 2024 Postsecondary Perkins Local Application will be conducted on March 10th from 10:00 a.m. – 3:00 p.m. at the Crowne Plaza, Springfield, IL. |
| **ICQ and Programmatic Risk Assessment** | The Internal Control Questionnaire (ICQ) and the Programmatic Risk Assessment will be made available in late spring. These will need to be completed by **May 30, 2020**. |
| **Application Due Date** | **May 1, 2020 – 5:00 p.m.** |
| **Submission Method** | All Local Application documents (see the Submission Checklist for a comprehensive list) must be submitted via email to [cte@iccb.state.il.us](mailto:cte@iccb.state.il.us) with the subject line, “COLLEGE NAME, FY2021 - 2024 Local Application.” |
| **Submission Questions** | Please issue all questions to either your ICCB Perkins liaison or to [cte@iccb.state.il.us](mailto:cte@iccb.state.il.us). |
| **Extension Requests** | Extension Requests will be considered on a case-by-case basis. To be considered for an extension, a written request should be emailed to [cte@iccb.state.il.us](mailto:natasha.piper@illinois.gov) **by April 15**th. Granted extensions will not exceed seven days from May 1st (the Application due date). Applications received after the deadline, without an approved extension, will not be guaranteed approval by July 1, 2020. |
| **Verification of Submission** | A confirmation email will be sent to the Perkins contact upon receipt of the Application by May 6, 2020. |
| **Review Process** | Applications will be reviewed by a team of ICCB staff. After the review, ICCB staff will then contact the college to:   1. request more specific information, clarification and/or supporting data; or 2. confirm that the proposal has been approved as submitted.   **NOTE: Expenditures may not begin until the college receives approval of their submitted Application and shall not begin before July 1, 2020.** |
| **Approval** | Upon approval, the ICCB will issue a Notice of State Award and a Grant Agreement to the college that details specific award information and includes all required assurances and certifications. This agreement must be signed by the college president or authorized signatory and returned to Patrick Walwer, [patrick.c.walwer@illinois.gov](mailto:patrick.c.walwer@illinois.gov), in order to activate the grant. |

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| **Application Cover Page** | | | | | | | | | | | | |
| Community College Name: | |  | | | | | | | | | | |
| UPCOMING FISCAL YEAR: | |  | | | | | | | | | | |
| NUMBER OF STUDENTS SERVED IN PREVIOUS FISCAL YEAR | |  | | | | | | | | | | |
| UPCOMING FISCAL YEAR ESTIMATED ALLOCATION | |  | | | | | | | | | | |
|  |  | |  |  |  |  | |  | |  |  |  |
| **PRIMARY PERKINS CONTACT**  This person serves as the Perkins lead contact and is responsible for all communication and reporting to ICCB. | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | |
| Title | |  | | | | | | | | | | |
| Telephone | |  | | | | | Email | |  | | | |
| **SECONDARY PERKINS CONTACT**  Secondary Perkins Contact(s) are any persons who oversee or have multiple responsibilities related to the grant development and/or process. Cannot be the same contact as above. Please add spaces for additional persons. | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | |
| Title | |  | | | | | | | | | | |
| Telephone | |  | | | | | Email | |  | | | |
| **GRANT FISCAL CONTACT**  Cannot be either of the individuals listed above. | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | |
| Title | |  | | | | | | | | | | |
| Telephone | |  | | | | | Email | |  | | | |

# **Accountability**

## Performance Data

1. Conduct a data analysis at your institution. Perkins V requires colleges to disaggregate data by student populations, including special populations, and each core indicator according to CTE programs, programs of study, or Career Cluster. The table below shows each of the three core indicators of performance, as well as the state-determined levels of performance (SDLPs) for fiscal years 2021, 2022, 2023, and 2024. *Please note that these SDLPs are draft until the State Plan is final and approved. The table provided is a basic representation of what will be required upon submission of your local application. More specific information, including a final template and technical assistance around gathering the necessary data, will be provided in the spring of 2020.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Performance Data Analysis | | | | | | | | | | | | |
| **Performance Indicator** | **Fiscal Year 2021** | | | **Fiscal Year 2022** | | | **Fiscal Year 2023** | | | **Fiscal Year 2024** | | |
| **SDLP** | **ALP** | **+/-** | **SDLP** | **ALP** | **+/-** | **SDLP** | **ALP** | **+/-** | **SDLP** | **ALP** | **+/-** |
| **1P1**: Postsecondary Retention and Placement | 69.00% |  |  | 69.40% |  |  | 69.80% |  |  | 70.40% |  |  |
| **2P1**: Earned Recognized Postsecondary Credential | 70.10% |  |  | 70.50% |  |  | 70.90% |  |  | 71.30% |  |  |
| **3P1**: Nontraditional Program Enrollment | 09.60% |  |  | 09.80% |  |  | 09.90% |  |  | 10.10% |  |  |

*[SDLP: State Determined Level of Performance; ALP: Actual Level of Performance; +/-: Difference of the two]*

## Performance Improvement

1. In narrative form, describe existing gaps or disparities in performance for each subpopulation. Additionally, please address the following:
   1. Describe activities that will address those gaps. Utilize the Performance Improvement Plan table below to identify these activities and the corresponding performance indicator that is being negatively affected.
   2. Do these gaps in performance correlate with the equity gaps uncovered throughout the Comprehensive Local Needs Assessment (CLNA) process? Please elaborate.
   3. If, after three years’ time, the gaps continue to exist, describe what additional actions will be taken to eliminate those gaps and disparities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Improvement Plan | | | | |
| **Fiscal Year:** | |  | | |
| **Instructions**: After reviewing the relevant data, use the matrix below to describe how the college will increase performance for each area. Activities should be measurable, limited in number, and target the particular special populations who are performing below the SDLP and the college’s aggregate student performance. Identify the special populations and other subpopulations, if applicable, you are targeting for each activity. | | | | |
| **Performance Indicator** | **Activities** | | **Perkins Resources** | **Outcomes** |
|  | |  |  |  |  | | --- | --- | --- | --- | | 1 |  |  |  | | 2 |  |  |  | | | |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 |  |  |  |  | | 2 |  |  |  |  | | | |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 |  |  |  |  | | 2 |  |  |  |  | | | |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 |  |  |  |  | | 2 |  |  |  |  | | | |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 |  |  |  |  | | 2 |  |  |  |  | | | |  |
| **TOTAL PROPOSED EXPENDITURES** | | | **$** |  |

# **Comprehensive Local Needs Assessment Outcomes Review**

|  |  |  |
| --- | --- | --- |
| Required Component | What Data was Used? | What Equity Gaps were Uncovered? |
| 1. **Progress toward equity and access** |  |  |
| 1. **Enhancing student performance** |  |  |
| 1. **Recruitment, retention, and training of CTE educators** |  |  |
| 1. **Labor market alignment** |  |  |
| 1. **Program size, scope, and quality** |  |  |
| 1. **Progress toward implementing programs of study** |  |  |
| **Narrative Review**  Next to each of the required CLNA components, provide a narrative overview of the results of that component and a high-level summary of your plan of action for addressing any identified gaps. Questions to consider: what were the equity gaps that you uncovered? Were you surprised by any results? Was stakeholder input helpful in this process? What institutional processes were used in conducting your assessment?  *Please note that this information must be represented somewhere within your application narrative and/or annual work plan.* | | |
| 1. **Progress toward equity and access** |  | |
| 1. **Enhancing student performance** |  | |
| 1. **Recruitment, retention, and training of CTE educators** |  | |
| 1. **Labor market alignment** |  | |
| 1. **Program size, scope, and quality** |  | |
| 1. **Progress toward implementing programs of study** |  | |

# **Application Narrative (SFY2021-2024)**

|  |
| --- |
| **Instructions:** The following application narrative spans grant fiscal years 2021-2024. Colleges may submit the narrative portion of this application in a separate document, table, form, etc., barring removal of any required components. Colleges will have the opportunity to update the narrative on an annual basis.  In addition to this narrative, each applicable recipient will submit an annual work plan and Uniform Budget. The work plan is provided in a separate document, and will require the college to outline the specific activities that will ensure the attainment of each annual objective, as well as contribute to long-term goals.  **Provide a detailed response for numbers 1 – 7 below. *Additionally, for each question 1 – 7, the following information must be provided*:**   * Long-term goals   + Describe how the college’s goals align to Illinois’ State Plan goals.   + What new/existing institutional policies will be created/updated? * Annual objectives (FY21, FY22, FY23, FY24)   + How do these objectives align with and how are they supported by the information gleaned from your CLNA?   + How do these objectives support your long-term goals? How will they help Illinois achieve its goals described in the State Plan? * What support services or other institutional services will be utilized? * What internal/external partners will be leveraged? * How will the identified goals and objectives inform any uncovered equity gaps? |

## **Work-based Learning**

1. Provide a description of the work-based learning opportunities that the college will offer CTE students.
   1. Describe in detail the coordination and collaboration with local employers to develop or expand work-based learning opportunities.
   2. Include information about supporting and engaging Career and Technical Student Organizations (CTSOs)

## **Career Exploration, Development, and Guidance**

1. Describe how career exploration and development coursework, activities, and/or services will be provided.
2. Include details regarding how career information on employment opportunities that incorporate the most up-to-date information on high-kill, high-wage or in-demand occupations, as determined by the local needs assessment, will be provided to students.
3. Describe how an organized system of career guidance and academic counseling will be provided to students before enrolling and while participating in CTE programs.

## **Supporting Special Populations Students**

1. Describe how the college will support members of special populations in the following ways—
   1. provide activities to prepare special populations for high-skill, high-wage, or in-demand industry sectors or occupations that will lead to self-sufficiency
2. prepare CTE participants for nontraditional fields
3. provide equal access for special populations to CTE courses, programs, and programs of study
4. ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations

## **Early College Credit**

1. Provide a description of how students can gain postsecondary credit while still attending high school, such as through dual or concurrent enrollment programs or early college credit.

## **Enhanced Curriculum and Instruction**

1. Provide a description of how the college will improve the academic and technical skills of students by strengthening academic and career and technical education components such as the integration of coherent and rigorous content aligned with challenging academic standards.
   1. Describe planned efforts that focus on developing and implementing transition points into and out of the program (e.g. Integrated Education and Training (IET), stackable credentials, 2+2 articulation, accelerated pathways).
   2. Describe planned efforts that focus on integrating employability skills into CTE programsto preparestudents for high wage, high demand occupations

## **Recruitment, Retention, and Professional Preparation, Development, and Training**

1. Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:
   1. Recruitment
   2. Retention
   3. Training and professional development
   4. Preparation, including supporting these individuals in the transition to teaching
   5. How individuals from groups underrepresented in the teaching profession will be recruited, retained, and provided with professional preparation, development, and training

*Local application Narrative Continued*

## Programs of Study

|  |
| --- |
| **Perkins V Federal Program of Study Requirements:** The Strengthening Career and Technical Education for the 21st Century Act, Section 3 (41)(A-F), defines a program of study as a coordinated, non-duplicative sequence of academic and technical content at the secondary and postsecondary level that-   1. incorporates challenging State academic standards; 2. addresses both academic and technical knowledge and skills, including employability skills; 3. is aligned with the needs of industries in the economy of the State, region, Tribal community, or local area; 4. progresses in specificity (beginning with all aspects of an industry or career cluster and leading to more occupation-specific instruction); 5. has multiple entry and exit points that incorporate credentialing; and, 6. culminates in the attainment of a recognized postsecondary credential. |

1. Provide a description of any new programs of study that will be developed and submitted to the State for approval. Addressallsix requirements of a program of study, identifying what currently exists and what needs to be created or implemented.
   1. How did the local needs assessment inform the selection of CTE programs and activities selected to be funded?
   2. How will these program(s) be aligned to the local/regional labor market?
   3. Provide specific information regarding how the program(s) will fit into a career pathway.
   4. Include if the program of study includes an industry recognized credential
   5. For any programs of study that have not yet been approved by the ICCB, please complete the Programs of Study Approval Application *(available spring 2020)*
2. Programs should meet the needs of your student population and your community. Describe how your CTE programs of study meet the State’s size, scope, and quality criteria. For those that do not, describe how the college is working toward meeting those criteria. Utilize the findings from section six of your CLNA.
3. Describe how students, including students who are members of special populations, will learn about CTE course offerings and whether each course is part of a CTE program of study.
4. Provide a list of all fully developed programs of study. Utilize the [Programs of Study Expectations Tool](http://www.iccb.org/cte/programs-of-study/illinois-programs-of-study-expectations-tool/), which is designed to ensure programs of study meet the State’s minimum expectations, as well as the Federal programs of study requirements listed above. Colleges should utilize the Programs of Study Inventory, located on the next page, to complete this question. Follow all instructions that are listed within the “Narrative” column on the Inventory form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Programs of Study Inventory All programs of study listed in this document must have been approved by the ICCB through the Programs of Study Application Process (coming Spring 2020). | | | | | |
| Fiscal Year |  | | | | |
| Programs of Study Developed to Date | | | | | |
| **Program of Study Title**  *(Add additional rows as necessary)* | | **Partner High School(s)** | **Meets Minimum Expectations** | **Meets**  **Quality Standards** | **Narrative**   1. Provide an update on the progress related to each program of study. 2. For any program of study that does not meet the minimum expectations and/or quality standards, detail the specific areas that are in need of improvement and how your plan to address those needs. 3. Include how the program of study fits into a career pathway. 4. Does the program of study meet the State’s size, scope, and quality definition? |
|  | |  | Yes  No | Yes  No |  |
|  | |  | Yes  No | Yes  No |  |
|  | |  | Yes  No | Yes  No |  |
|  | |  | Yes  No | Yes  No |  |
|  | |  | Yes  No | Yes  No |  |
|  | |  | Yes  No | Yes  No |  |