# FY26 Perkins Grant Application with Claim Instructions: General Instructions for Submission

This document provides general directions for submission of the FY26 Perkins Grant Application (secondary and postsecondary); it does not provide detailed instructions for each section of the application. Although these directions apply to secondary and postsecondary applications, many of the screenshot examples are from the secondary application. The postsecondary screens will look very similar.

# **General Information**

 $\bigcirc$ WA

**lowaGrants** is an online grant management tool. The platform manages and streamlines the grant process including application submission, review, scoring and awards, and claim submission and approval, report scheduling and approval, and maintains a historical record of grant activity.

- All individuals using the iowagrants.gov system must be registered.
- IowaGrants Login Instructions first time and returning users
- Watch a video with detailed instructions for logging into the IowaGrants platform.
- <u>External User Guide for New IowaGrants Platform</u>
- IowaGrants Management Resources from the Iowa Department of Management
- Designate one person to create the application, known as the "primary grantee contact" regardless of whether you are applying as a standalone district, Perkins consortium, or community college.
- Once the application has been started, the "registered applicant" can add "additional contacts" in the "General Information" screen (see page 4).
- All individuals tied to an application have access to all portions of the application.
- Once all edits and new information have been entered into a form, make sure to click the "Mark as Complete" link. Note: Even though a form has been marked as complete, it can continue to be edited until the application is officially "submitted."
- Once the information for any form has been updated and/or completed, 1<sup>st</sup> click "Save Form" and then 2<sup>nd</sup> click "Mark as Complete."

Perkins Assurances: Executive Officer Information
 Perkins Assurances: Executive Officer Information

## Navigating to Perkins Funding Opportunity

Follow the lowa Grants Login Instructions for returning users.

Click "Funding Opportunities" from the Main Menu. Note: Once a new application has been started, it will be located within the "Applications" section.

|   | DWA <b>G</b> | RANTS  |           |             | Welcome to<br>IowaGrants.gov |          |
|---|--------------|--------|-----------|-------------|------------------------------|----------|
| Jeff Fletcher<br>Tester<br>Grantee, Tester Role |              |        |           |             |                              |          |
| Ch Dashboard                                    | >            | A Back | 🖨 Print 🔻 | Online Help | E→ Log Out                   |          |
| Funding Opportuni                               | ities >      |        |           |             |                              |          |
| 📥 Applications                                  | >            |        |           |             |                              |          |
| Grants  | >            |        |           |             |                              |          |
| Inventory                                       | >            | â      | IOWA      | GRANTS      | Welcome to<br>IowaGr.        | ants.gov |
| 🗠 Reports                                       | >            |        |           |             |                              |          |
| A My Profile                                    | >            |        |           |             |                              |          |

Scroll (or use search tool) until you see the FY26 Perkins V Secondary or Postsecondary Application. Click on the FY26 Perkins V application (either secondary or postsecondary) to open the posting.

| List of all | Eist of all current funding opportunities  |           |             |              |   |  |   |                         |                 |    |                            |
|-------------|--|-----------|-------------|--------------|---|--|---|-------------------------|-----------------|----|----------------------------|
| ≪ Ba        | ck.  | 🗇 Print 🔹 | Online Help | 🕞 Log Out    |   |  |   |                         |                 |    |                            |
| -           | E Currently Posted Funding Opportunities  All currently posted opportunities appear below. The Application Deadline indicates the due date for the application submission. You will be unable to submit your application after this date.  Search: Perkins |           |             |              |   |  |   |                         |                 |    |                            |
| ID 👳        | Status   | Agency    | *           | Program Area | * | Title  | Ŧ | Posted Date 🔻           | Pre-Application | on | Final-Application Due Date |
| 510896      | Test   | Education |             | Perkins V    |   | FY24 - Perkins V - Secondary Application     |   | Apr 30, 2022<br>5:56 PM | Not Applicabl   | le | Jun 30, 2023 11:59<br>PM   |
| 510897      | Test   | Education |             | Perkins V    |   | FY24 - Perkins V - Postsecondary Application |   | Apr 30, 2022<br>5:56 PM | Not Applicabl   | le | Jun 30, 2023 11:59<br>PM   |

#### **Application Forms**

The Perkins V FY26 application cycle requires all eligible entities to complete an application by July 1, 2024. <u>The application will close on June 30 @ 11:59 PM.</u>

#### APPLICATION FORMS CHECKLIST - DUE JUNE 30 @ 11:59 PM

- Cover Sheet General Information
- Cover Page Perkins Basic Secondary or Postsecondary
- o (Secondary only) Consortium Members
- Perkins V Budget form
- Minority Impact Statement (2008 Iowa Acts, HF 2393, Iowa Code Section 8.11)
- Assurances/Agreements Secondary or Postsecondary

Near the top of the Funding Opportunity description click on "Start a New Application

| 타 Funding Opportunity Details  |                         |                  |                        |  |  |
|--|-------------------------|------------------|------------------------|--|--|
| 510896 - FY24 - Perkins V - Secondary Application<br>Funding Opportunity Details |                         |                  |                        |  |  |
| Perkins V  |                         |                  |                        |  |  |
| Final Application Deadline: Jur  | 30, 2023 11:59 PM       |                  |                        |  |  |
| Status:  | Test                    | Program Officer: | Dennis Harden          |  |  |
| Posted Date:   | Apr 30, 2022 5:56 PM    | Phone:           | (515) 281-4716 x       |  |  |
| Award Amount Range:  | Not Applicable          | Email:           | dennis.harden@iowa.gov |  |  |
| Project Dates:   | 07/01/2023 - 06/30/2024 |                  |                        |  |  |

For application title, you must enter the following naming convention based on grantee type. District – FY26 Ankeny CSD Perkins; Consortium – FY26 North Metro Perkins Consortium; FY26 IWCC Perkins. Click "Save Form Information."

| Application - Genera | al Information          | Save Form Information   |
|----------------------|-------------------------|---|
|                      |                         | who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.<br>r which you will be submitting this application. |
|                      | Application Title*:     | FY24 ABC PERKINS CONSORTIUM - TEST APPLICATION  |
|                      | Primary Contact*:       | Jeff Fletcher v   |
|                      | Organization*:          |   |
|                      | Additional Applicants*: |   |

Please review the "Additional Grantee Applicants" list; select and click each additional contact before clicking save.

At a minimum, you <u>MUST</u> include the business officer contact for the grant sub-recipient who will be submitting claims, especially, if this is not the same person submitting the application. "Additional applicants" become "additional contacts" once it becomes a grant project, which means additional users will have access to the Perkins grant project. E.g., fiscal agent's business officer ability to submit claims. Doing this now will save you headaches down the road working with the Bureau to gain access for users after-the-fact!

| Application - General Information  | U Save Form Information   |
|--|---|
| The Primary Contact is the individual in your organization<br>Select the organization, if you belong to more than one, | n who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.<br>for which you will be submitting this application. |
| Application ID:  | 513234  |
| Program Area*:   | Perlins V   |
| Funding Opportunity*:  | 510896-FY24 - Perkins V - Secondary Application   |
| Application Stage*:  | Final Application   |
| Application Status*:   | Editing   |
| Application Title*:  | FY24 ABC PERKINS CONSORTIUM - TEST APPLICATION  |
| Primary Contact*:  | Jeff Fleicher   |
| Organization*:   | Iowa Department of Education  |
| Select any additional contacts within your organization that wi<br>Additional Applicants:                              | II also manage fhis grant.  |

Please note there are TWO different cover pages (one required for lowaGrants and one specific to the Perkins application).

Both of these cover pages must be completed in the application

# **Cover Page for Perkins**

Enter the contact information for the entity submitting this application, i.e., recipient information.

Under "Perkins Contact Information", enter the contact information of the applicant completing the lowaGrants application as well as additional contacts involved in managing this grant.

| Cover Page Perkins Basic - Secondary - Current Version  |          |  |  |  |  |
|---|----------|--|--|--|--|
| er the contact information for the entity submitting this application. Note: This is a two-part form; follow the instructions carefully!  |          |  |  |  |  |
| complete the Recipient Information, select "Edit" at the top of the screen. Once the individual fields are completed, select "Save."  |          |  |  |  |  |
| add Perkins Contact Information, select the blue "Add" link for that section. Once the individual fields are completed, select "Save." If the entity has multiple Perkins contacts, repeat this process for each individual | ividual. |  |  |  |  |
| ce all entity contact information is completed, select the "Mark as Complete" link located on the Recipient Information bar below.  |          |  |  |  |  |

| E Recipient Information  |   |
|--|---|
| To complete the Recipient Information, select "Edit" at the t                              | top of the screen. Once the individual fields are completed, select "Save."   |
| Individual or Consortium*:   | Individual 💌  |
| Eligible Recipient/Consortium Name*:   | Use the drop down menu to indicate whether you are applying as an individual district or as a consortium.           Adair-Casey Community School District <ul></ul> |
| Community College Region*:   | 01 - NICC -   |
| AEA Administrator, District Superintendent, or Community<br>College President/Chancellor*: | Use the drop down menu to select the community college region in which the district or consortium resides.  |
| Title:   | <b>•</b>  |
| Name of Administrator or Superintendent*:  |   |
| Telephone Number*:   |   |
| E-mail Address*:   |   |
| Street Address*:   |   |
| City*:   |   |
| State":  | iowa 💌  |
|  | Use the drop down menu to select the state.   |
| Zip Code*:   |   |

| E Perkins Contact Information - Multi-List   |  |  |  |  |  |  | ✓ Mark as Complete |  |  |
|--|--|--|--|--|--|--|--------------------|--|--|
| To add Perkins Contact information, select the blue "Add" link. Once the individual fields are completed, select "Save." If the entity has multiple contacts for its Perkins application, repeat this process for each individual. |  |  |  |  |  |  |                    |  |  |
| Title  | Title     Name of Perkins Application Contact     Telephone Number     E-mail Address     Street Address     City     State     Zip Code |  |  |  |  |  |                    |  |  |
| No Data for Table  |  |  |  |  |  |  |                    |  |  |

# **Cover Page for IowaGrants System**

- 1. This is an IowaGrants system cover page associated with ALL funding opportunities and grants.
- 2. For districts or consortia, the "authorized official" is typically the individual managing the application and grant. The fiscal officer/agent is typically the chief financial officer, business officer, etc., depending on the school district.
- 3. For community colleges, the "authorized official" is typically the individual managing the application and grant. The fiscal officer/agent is typically the chief financial officer, etc.

| Cover Sheet-General Information - Current Version   |  |                         |                        |                   |                   |                        |                          |
|---|--|-------------------------|------------------------|-------------------|-------------------|------------------------|--------------------------|
| "The information on this form is collected for the lowa Department of Management to ensure consistent basic data collection from all grant applications." |  |                         |                        |                   |                   |                        |                          |
| E Cover Sheet-General Information   |  |                         |                        |                   |                   |                        | Save Form                |
| Authorized Official   |  |                         |                        |                   |                   |                        |                          |
| Name*:  |  |                         |                        |                   |                   |                        |                          |
| Title*:   |  |                         |                        |                   |                   |                        |                          |
| Organization*:  |  |                         |                        |                   |                   |                        |                          |
|   | If you are an individual, please provide you | ur First and Last Name. |                        |                   |                   |                        |                          |
| Address*:   |  |                         |                        |                   |                   |                        |                          |
|   |  |                         |                        |                   |                   |                        |                          |
| City/State/Zip*:  | City   |                         | Iowa 🔻                 | ip                |                   |                        |                          |
| Telephone Number*:  |  |                         | L                      |                   |                   |                        |                          |
| E-Mail*:  |  |                         |                        |                   |                   |                        |                          |
|   |  |                         |                        |                   |                   |                        |                          |
| Fiscal Officer/Agent  |  |                         |                        |                   |                   |                        |                          |
| Please enter the "Fiscal Officer" for ye  | our Organization.                            |                         |                        |                   |                   |                        |                          |
| If you are an individual, please p  |  | Name.                   |                        |                   |                   |                        |                          |
|   | Name*:                                       |                         |                        |                   |                   |                        |                          |
|   | Title:                                       |                         |                        |                   |                   |                        |                          |
|   | Organization:                                |                         |                        |                   |                   |                        |                          |
|   | organization.                                |                         |                        |                   |                   |                        |                          |
|   | Address:                                     |                         |                        |                   |                   |                        |                          |
|   |  |                         |                        |                   |                   |                        |                          |
|   | City/State/Zip:                              |                         |                        |                   |                   |                        |                          |
|   | city/state/zip.                              |                         |                        |                   |                   | Iowa 🔻                 |                          |
|   |  | City                    |                        |                   |                   | State                  | Zip                      |
|   | Telephone Number:                            |                         |                        |                   |                   |                        |                          |
|   | E-Mail:                                      |                         |                        |                   |                   |                        |                          |
| County(ies) Participating, Involved, or   | r Affected by this Proposal*:                |                         |                        |                   |                   |                        |                          |
| To find your district, click on the "Congre   | essional Map" link. On the left ha           | and side of the page    | , click on the drop-do | own list and clic | k on "State of Io | wa". Then, enter an ad | dress for the county/ie: |
| Congressional District(s) Involved or   |  |                         |                        |                   |                   |                        |                          |
|   |  | Congressional Map       |                        |                   |                   |                        |                          |
| lowa Senate District(s) Involved or   | r Affected by this Proposal*:                |                         |                        |                   |                   |                        |                          |
|   |  | lowa Senate Map         |                        |                   |                   |                        |                          |
| lowa House District(s) Involved or  | r Affected by this Droposal*                 |                         |                        |                   |                   |                        |                          |
| Iowa nouse District(s) involved of  | Andoted by this Proposal":                   |                         |                        |                   |                   |                        |                          |
|   |  | lowa House Map          |                        |                   |                   |                        |                          |

# **Consortium Memberf Form (Secondary Only)**

- 1. Enter information indicating whether the applicant is applying as an individual district or as a consortium. If applying as a consortium, list each of the member districts represented by this application. Note: This is a two-part form; follow the instructions carefully!
- 2. To add Consortium Member information, click the green "Add row" button in the Consortium Members bar. Once the fields are completed, click "Save Form."
- 3. Repeat this process to add information for each consortium district member.
- 4. If you need to remove a consortium member from your list, click on a member under the "District" column then select "Delete."
- 5. Once all necessary information for the form is completed, click "Save Form" then "Mark as Complete."

| Consortium Members - Current Version   |  |  |  |  |  |
|--|--|--|--|--|--|
| Enter information indicating whether the applicant is applying as an individual district or as a consortium. If applying as a consortium, list each of the member districts represented by this application. Note: This is a two-part form; follow the instructions carefully!   |  |  |  |  |  |
| o enter information regarding applicant status and changes in consortium membership select "Edit" at the top of the screen. Once the fields are completed, select "Save."  |  |  |  |  |  |
| To add Consortium Member information, select the blue "Add" link in the Consortium Members bar. Once the fields are completed, select "Save" at the top of the screen. Repeat this process to add information for each consortium member.  |  |  |  |  |  |
| If you need to remove a consortium member from your list, click on member under "District" column then select "Delete" at top of screen.   |  |  |  |  |  |
| Once all necessary information for the form is completed, select "Save".   |  |  |  |  |  |
| Applicant Status  Indicate whether the applicant is an individual district or a consortium.  To enter information regarding applicant status, select "Edit" at the top of the screen, then complete the form. Once all information is entered, select "Save." Note: If applying as a individual district?  Are you applying as an individual district?  I yes No If "Yes," select "Save", then "Mark as Complete." No further information is needed for the two items below or for the Consortium Members section of this form.  If applying as a consortium, has th membership of the consortium change ince the previous fiscal year:  Describe any changes in consortium membership since the previous fiscal year: |  |  |  |  |  |

|   | Provide details regarding any consortium changes.                 |              |                |        |               |           |  |
|---|---|--------------|----------------|--------|---------------|-----------|--|
| E Consortium Members - Multi-List   |   |              |                |        |               | + Add Row |  |
| Please update   | Please update the information for all members of your consortium. |              |                |        |               |           |  |
| To add a Consortium Member, select the blue "Add" link within the Consortium Member bar above. Once the fields are completed, select "Save." To edit information for an existing member, select the district name located within the "District" column. This will open the entry screen for the district. After updates are completed, select "Save." To edit information for a Consortium Member once "Save" has been selected, you must click the the <u>"District"</u> name link for that particular member. |   |              |                |        |               |           |  |
| District  | Title   | Contact Name | Position title | E-Mail | Telephone Num | ber       |  |
| No Data for Table   |   |              |                |        |               |           |  |

# Secondary/Postsecondary Budget Form

The FY26 budget form categories align with the Perkins V expenditure categories. Each category has specific budget codes that delineate between secondary and postsecondary expenditures. Invoices and receipts are the only sufficient form of documentation and are not submitted with claims but are kept on file with each claim and available upon request. (Exception: Embed CTSO institutional memberships in the summary sheet for claim approval).

### **Secondary Budget Codes**

| Salaries & Benefits 1XX-2XX                           | Purchased Services 3XX                             | Supplies (no consumables) 6XX                          |
|---|--|--|
| Rentals Computers & Technology 443                    | Staff Travel 580                                   | Rentals Equipment 442                                  |
| Equipment 731   | Equipment Hardware 734                             | Supplies (no consumables) 6XX                          |
| CTSO Student Competitor Costs 580                     | Institutional Membership 812                       | Equipment Software 735                                 |
| Postsecondary Budget Codes                            |  |  |
| 101 Personnel Services (Salaries & Wages)             | 202 In-State Travel (Meals, Lodging, Registration) | 205 Out-of-State Travel (Meals, Lodging, Registration) |
| 301 Curriculum & Training Materials                   | 404 Professional Development Contracts             | 405 Contracts for Services etc.                        |
| 505 Data Processing (Desktop Software licensing fees) | 602 Indirect Costs                                 | 701 Equipment  |

The budget summary form "state allocation to recipient" must be updated to reflect the FY26 dollar amount. To **access** this information, use the **hyperlink** in the **budget summary instruction** section. When the new FY26 allocation amount is entered, select "Save Form" to reset the calculations and then "Edit" to update individual budget line items.

| State Allocation to Recipient    |           | Save Form |
|----------------------------------|-----------|-----------|
| Secondary Allocations are provid | led HERE. |           |
| State Allocation to Recipient*:  | <u></u>   |           |

- 1. Upload your budget document for all Perkins activities.
- 2. If the approved budget template is uploaded in to the budget form, "see attached" is sufficient for "list purchases in detail" text fields
- 3. Each budget line item will be connected back to the FY25 CLNA.
- 4. It will be up to the Perkins contact to ensure all expenditures are **eligible** for reimbursement.
- 5. Please follow the instructions in the form to "save" and then "mark as complete."

| Upload the prior approved 2026 budget for Perkins Activities One through Six a | and CTSO    | s               | Save Form |
|--|-------------|-----------------|-----------|
| (REQUIRED) Upload the approved budget here*:                                   | Select file |                 |           |
|  |             |                 | Save Form |
|  |             |                 |           |
| State Allocation to Recipient  |             |                 | Save Form |
| FY26 Secondary Allocations - Hyperlinked - HERE.                               |             |                 |           |
| State Allocation to Recipient*: \$0  |             |                 |           |
|  |             |                 | Save Form |
|  |             |                 |           |
| Perkins Activity 1: Career Exploration and Development - Edit                  |             |                 | Save Grid |
| Description  |             | Budgeted Amount | Total     |
| Salaries & Benefits 1XX-2XX  |             | \$0             |           |
| Purchased Services 3XX   |             | \$0             |           |
| Staff Travel 580 (Non-CTSO)  |             | so              |           |
| Supplies 6xx (No Consumables) <\$500   |             | so              |           |
|  |             |                 | Save Grid |

See Allowable and Unallowable Expenditures or contact Amy Vybiral at <u>amy.vybiral@iowa.gov</u>.

At the end of the budget form, there are calculation fields built into the budget form that show the maximum amount that can be budgeted for administrative costs, which is still 5.00%, and the amount left to be budgeted anytime new information is entered and after clicking "Save Form."

# As before, every dollar must be budgeted so that the "requested total" lowaGrants system calculation equals the State Allocation to Recipient.

| Total Allocation  |  |  |   |  |
|---|--|--|---|--|
| Maxim<br>The amount shown is the sum tot<br>Tot<br>If the amount shown below is (ne | um Allowed for Administrative Costs:<br>al of the amounts that have been entered fo<br>al Projected Amount to be Expended: | \$500.00<br>or each budget sect<br>\$0.00<br>s budgeted for requ | wn above (5% of the State Allocation to Recipient).<br>ion.<br>red components and administrative costs exceeds the amount entered in the State Allocation to Recipient section. |  |
|   | OWA <b>GRANTS</b>  |  | <i>Welcome to</i><br>IowaGrants.gov   |  |
| List of all current submitted applications  |  |  |   |  |
| Sack 🔂 Print  | • Online Help  | ⊖ Log Out  |   |  |
|   |  |  |   |  |
| 🗖 513234 - FY24   | ABC PERKINS CONSOR   | RTIUM TI   | EST APPLICATION   |  |
|   | Status:  | Editing  |   |  |
|   | Stage:   | Final Applica  | tion  |  |
|   | Application Due Date:  | Jun 30, 2023   | 11:59 PM  |  |
|   | Program Area:  | Perkins V  |   |  |
|   | Funding Opportunity:   | 510896-FY2   | 4 - Perkins V - Secondary Application   |  |
|   | Organization:  | lowa Departn   | nent of Education   |  |
|   | Requested Total:   | \$0.00   |   |  |

# Perkins Spring 2025 (FY 2026) Budget Negotiation

- FY 2026 Perkins application approval will occur after the 2026 budget is approved.
- Budget negotiation and approval deadline July 31, 2025.
- Contact Amy Vybiral with budget approval questions. 515-339-4820 amy.vybiral@iowa.gov

# **Specific Purchases by Perkins Activity**

#### Secondary Perkins Budget Form

#### Activity One – Career exploration and development

- Salaries CTE specific new counselor positions only
  - Supplanting: May decrease the percentage over time but never increase the percentage.
- Purchased Services Training and facilitators (True Colors trainings with middle school students (Prior approval with middle school Google Form
- Staff Travel (Non-CTSO) CTE recruiting middle school students to CTE
- Supplies ONet Teacher Career Cluster Training Materials for CTE -Labor market trainings related to CTE.

| III Perkins Activity 1: Career Exploration and Development - Edit |                 | Save Grid |
|---|-----------------|-----------|
| Description   | Budgeted Amount | Total     |
| Salaries & Benefits 1XX-2XX                                       | \$0             |           |
| Purchased Services 3XX  | \$0             |           |
| Staff Travel 580 (Non-CTSO)                                       | \$0             |           |
| Supplies 6xx (No Consumables) <\$500                              | \$0             |           |
|   |                 | Save Grid |

#### Activity Two – Professional Development

- Salaries Substitute teacher pay for CTE Teachers to attend conferences.
- Purchased Services Pay outside vendors for services rendered. E.g., Vendor leads CTE staff through OSHA 10 or OSHA 30 training that is not train-the-trainer.
- Staff Travel Five CTE teachers and one business officer attend the IACTE conference. Two staff
  attend the WBL conference, one administrator attends the ACTE conference, three staff attend the
  NACTEi conference, five counselors and instructors attend the NACTEi conference and two
  counselors attend the ISCA conference.
- Supplies ONet labor market information training materials for the CTE staff in each service area for trainings throughout the year in each service area to review high demand

| Perkins Activity 2: Professional Development - Edit |                 | Save Grid |
|---|-----------------|-----------|
| Description   | Budgeted Amount | Total     |
| Salaries & Benefits 1XX-2XX                         | \$0             |           |
| Purchased Services 3XX                              | \$0             |           |
| Staff Travel 580 (Non-CTSO)                         | \$0             |           |
| Supplies 6xx (No Consumables) <\$500                | \$0             |           |
|   |                 | Save Grid |

#### Activity Four – Integration of Academic Skills

- Salaries Professional Development. Integration of Math into CTE Curriculum
- Purchased Services Trainers Math into CTE Grades 9-12

#### Activity Five – Support for the Implementation of CTE Programs

- Salaries
- Purchased Services IRC. OSHA 10 & 30, CNA, Scissor Lift, CPR, EMT, ServSafe, CMA
- Rentals 442 Skid loader (student skill sets only)
- Rentals Computers & Technology 443 Cell plan for drones (Ag)
- Supplies (no consumables) ≤ \$499 See attached list for all CTE Programs
- Equipment  $731 \ge $500$  See attached list for all CTE Programs
- Equipment Software 735

| Perkins Activity 5: Support for CTE Programs - Edit |                 | Save Grid |
|---|-----------------|-----------|
| Description   | Budgeted Amount | Total     |
| Salaries & Benefits 1XX-2XX                         | \$0             |           |
| Purchased Services 3XX                              | \$0             |           |
| Rentals 442   | \$0             |           |
| Rentals Computers & Technology 443                  | \$0             |           |
| Supplies 6xx (No Consumables) <\$500                | \$0             |           |
| Equipment 731 (>\$500)                              | \$0             |           |
| Software 735  | \$0             |           |
|   |                 | Save Grid |

#### Activity Six – Develop and Implement Evaluations

- Salaries Summer Off Contract, Pre-CLNA data review with CTE teachers and staff.
- Purchased Services Data consultant to organize and prioritize CLNA outcomes with staff.
- Rentals Equipment Do not use. Year-end budget adjustments.
- Staff Travel 580 (non-CTSO) Mileage for off contract data review

| Perkins Activity 6: Develop and Implement Evaluations - Edit |                 | Save Grid |
|--|-----------------|-----------|
| Description  | Budgeted Amount | Total     |
| Salaries & Benefits 1XX-2XX                                  | \$0             |           |
| Purchases Services 3XX                                       | \$0             |           |
| Rentals 442  | \$0             |           |
| Staff Travel 580 (Professional Development Non-CTSO)         | \$0             |           |
|  |                 | Save Grid |

#### CTSOs

- Salaries Salary for CTSO Admin Assistant. New position, time and effort and job description on file.
- Purchased Services Registrations for instructors CTSO PD conferences.
- CTSO Student Competitor Costs Student Competitors only
- Staff Travel 580 (CTSO related events only) PD for instructors FCCLA, CTE Endorsed Advisor & Instructor Travel for Student Competitions. Skills USA and FBLA, FFA
- Supplies Materials for all CTSO
- Institutional memberships Quantity of one

| III CTSO: Career and Technical Student Organizations - Edit |                 | Save Grid |
|---|-----------------|-----------|
| Description   | Budgeted Amount | Total     |
| Salaries, Benefits, Off-Contract Pay 1XX-2XX                | \$0             |           |
| Purchased Services 3XX                                      | \$0             |           |
| CTSO Student Competitor Costs 580                           | \$0             |           |
| Staff Travel 580 (CTSO related events only)                 | \$0             |           |
| Supplies 6xx (No Consumables) <\$500                        | \$0             |           |
| Institutional Dues for Membership 812                       | \$0             |           |
|   |                 | Save Grid |

#### **Administrative Costs**

- Administrative costs must not exceed 5% of the total grant award.
- Contact Amy Vybiral at <u>amy.vybiral@iowa.gov</u> for assistance.

| ∃ Administrative Costs - 5%  | ✓ Mark as Complete  |
|--|---------------------|
| Enter the projected amount from the State Allocation to be expended on adm<br>Administrative costs must not exceed 5% of the total grant award.  | ninistrative costs. |
| Administrative Amount - 5%: \$1,000.00<br>Total: \$1,000.00  |                     |
| E Total Allocation   | ✓ Mark as Complete  |
| NOTE: The amount budgeted for administrative costs cannot exceed the amount shown above (5% of the State Allocation to Recipient).<br>Maximum Allowed for Administrative \$11,795.45<br>Costs: |                     |

The amount shown is the sum total of the amounts that have been entered for each budget section.

Total Projected Amount to be Expended: \$235,909.00

the amount shown below is (negative), the sum total of the dollar amounts budgeted for required components and administrative costs exceeds the amount entered in the State Allocation to Recipient section.

Remaining Allocation to be Budgeted: \$0.00

## **Postsecondary Budget Form**

#### Activity One – Career Exploration and Development

- Personnel Services (Salaries and Wages)
  - New and previously funded positions only.
  - Include percentages
  - Supplanting: May decrease the percentage over time but never increase the percentage.
- Curriculum and Training Materials
- Professional Development Contracts
- Contracts for Services
- Software licensing fees
- Equipment

| I Perkins Activity 1: Career Exploration and Development - Edit |                 | ive Grid |
|---|-----------------|----------|
| Description   | Budgeted Amount | Total    |
| 101 Personnel Services (Salaries and Wages)                     | \$0             |          |
| 301 Curriculum and Training Materials                           | \$0             |          |
| 404 Professional Development Contracts                          | \$0             |          |
| 405 Contracts for Services                                      | \$0             |          |
| 505 Software Licensing Fees                                     | \$0             |          |
| 701 Equipment   | \$0             |          |
|   | Sa              | ve Grid  |

#### Activity Two – Professional Development

Staff Travel - Conference Titles & CTE Programs, LMI, All Aspects of Industry, Equipment & Technology

| I Perkins Activity 2: Professional Development - Edit                             |                 | Grid  |
|---|-----------------|-------|
| Row   | Budgeted Amount | Total |
| 101 Personnel Services (Salaries and Wages)                                       | \$0             |       |
| 202 In State Travel - Professional Development (Meals, Lodging, Registration)     | \$0             |       |
| 205 Out of State Travel - Professional Development (Meals, Lodging, Registration) | \$0             |       |
| 301 Curriculum and Training Materials   | \$0             |       |
| 404 Professional Development Contracts  | \$0             |       |
| 405 Contracts for Services  | \$0             |       |
| 505 Software Licensing Fees   | \$0             |       |
|   | Save G          | irid  |

#### Activity Four – Integration of Academic Skills

- Personnel Services (Salaries and Wages)
- Contracts for services Vendor contracts Math in CTE Professional Development with all CTE Faculty

| Perkins Activity 4: Integration of Academic Skills - Edit |                 | Save Grid |
|---|-----------------|-----------|
| Description   | Budgeted Amount | Total     |
| 101 Personnel Services (Salaries and Wages)               | \$0             |           |
| 405 Contracts for Services                                | \$0             |           |
|   | S 2             | ave Grid  |

#### Activity Five – Support for CTE Programs

- Personnel Services (Salaries and Wages)
- Curriculum and Training Materials
- Professional Development Contracts
- Contracts for Services
  - Industry Recognized Credentials IRC. OSHA 10 & 30, CNA, Scissor Lift, CPR, EMT, ServSafe, CMA
- Software Licensing Fees
  - o T-Mobile iPad Ag, Snap-On Team works Software
- Equipment
  - o See Attached List
- Indirect Costs

| I Perkins Activity 5: Support for CTE Programs - Edit |                 |       |  |  |
|---|-----------------|-------|--|--|
| Description   | Budgeted Amount | Total |  |  |
| 101 Personnel Services (Salaries and Wages)           | \$0             |       |  |  |
| 301 Curriculum and Training Materials                 | \$0             |       |  |  |
| 404 Professional Development Contracts                | \$0             |       |  |  |
| 405 Contracts for Services                            | \$0             |       |  |  |
| 505 Software Licensing Fees                           | \$0             |       |  |  |
| 602 Indirect Costs                                    | \$0             |       |  |  |
| 701 Equipment   | \$0             |       |  |  |
|   | Save            | Grid  |  |  |

#### Activity Six – Develop and Implement Evaluations

- Personnel Services Institutional Researcher CLNA
- In-state and out of state travel Data meetings/conferences
- Contracts for Services
- Curriculum & Training Materials
- Software Licensing Fees

| Perkins Activity 6: Develop and Implement Evaluations - Edit                      |   |                 |       |
|---|---|-----------------|-------|
| Description   |   | Budgeted Amount | Total |
| 101 Personnel Services (Salaries and Wages)                                       | [ | \$0             |       |
| 202 In State Travel - Professional Development (Meals, Lodging, Registration)     | [ | \$0             |       |
| 205 Out of State Travel - Professional Development (Meals, Lodging, Registration) | [ | \$0             |       |
| 301 Curriculum and Training Materials   | [ | \$0             |       |
| 405 Contracts for Services  | [ | \$0             |       |
| 505 Software Licensing Fees   | [ | \$0             |       |
|   |   | Save            | Grid  |

#### **CTSOs: Career and Technical Student Organizations**

- Personnel Services Salaries and benefits/percentages time and effort and job description on file.
- In-state Travel CTSO related events only
- Out of state Travel CTSO Related events only
- Curriculum and Training materials Materials required for Student competition only. Classroom materials Activity five
- 812 Institutional Dues for Membership in Professional Organizations

| CTSO: Career and Technical Student Organizations - Edit                           | 🕒 Save          | Save Grid |  |  |
|---|-----------------|-----------|--|--|
| Description   | Budgeted Amount | Total     |  |  |
| 101 Personnel Services (Salaries and Wages)                                       | \$0             |           |  |  |
| 202 In State Travel - CTSO related events only (Meals, Lodging, Registration)     | \$0             |           |  |  |
| 205 Out of State Travel - CTSO related events only (Meals, Lodging, Registration) | \$0             |           |  |  |
| 301 Curriculum and Training Materials   | \$0             |           |  |  |
| 405 Contracts for Services  | \$0             |           |  |  |
| 812 Institutional Dues for Membership in Professional Organizations               | \$0             |           |  |  |
|   | Save G          | Grid      |  |  |

| Administrative Costs   |              |  |  |  |
|--|--------------|--|--|--|
| Administrative Amount - 5%:  | \$20,000.00  |  |  |  |
| Awarded Amount: \$20,000.00  |              |  |  |  |
| Total Allocation   |              |  |  |  |
| NOTE: The amount budgeted for administrative costs cannot exceed the amount shown above (5% of the State Alloc             |              |  |  |  |
| Maximum Allowed for Administrative Costs: \$44,835.65  |              |  |  |  |
| The amount shown is the sum total of the amounts that have been entered for each budget section.                           |              |  |  |  |
| Total Projected Amount to be Expended:   | \$896,713.00 |  |  |  |
| If the amount shown below is (negative), the sum total of the dollar amounts budgeted for required components and administ |              |  |  |  |
| Remaining Allocation to be Budgeted:   | \$0.00       |  |  |  |

#### Wrap-Up

The status of each form will be summarized on the Application Forms list within the "Complete?" column. When all forms have been marked as complete, the application is ready for submission. To submit the application, click the "Submit" link.

| 513234 - FY24 ABC PERKINS CONSORTIUM TEST APPLICATION   |   |           |                                     |                                    |  |
|---|---|-----------|-------------------------------------|------------------------------------|--|
| Status:   | Editing   |           |                                     |                                    |  |
| Stage:  | Final Application                               |           |                                     |                                    |  |
| Application Due Date:   | Jun 30, 2023 11:59 PM                           |           |                                     |                                    |  |
| Program Area:   | Perkins V                                       |           |                                     |                                    |  |
| Funding Opportunity:  | 510896-FY24 - Perkins V - Secondary Application |           |                                     |                                    |  |
| Organization:   | Iowa Department of Education                    |           |                                     |                                    |  |
| Requested Total:  |   |           |                                     |                                    |  |
|   |   |           |                                     |                                    |  |
| Application Preview Alert History Map   |   |           |                                     |                                    |  |
| Application Details   |   |           |                                     | Preview Application     X Withdraw |  |
| Application cannot be Submitted Currently <ul> <li>Application components are not complete</li> </ul> |   |           |                                     |                                    |  |
| Component   |   | Complete? | Last Edited                         |                                    |  |
| General Information   |   | ×         | May 4, 2023 1:28 PM - Jeff Fletcher |                                    |  |
| Cover Sheet-General Information   |   |           | -                                   |                                    |  |
| Cover Page Perkins Basic - Secondary  |   |           |                                     |                                    |  |
| Consortium Members  |   |           |                                     |                                    |  |
| Secondary Perkins V Budget - NEW FY24 - Copy  |   |           | -                                   |                                    |  |
| Minority Impact Statement   |   |           | -                                   |                                    |  |
| Assurances/Agreements - Secondary   |   |           | -                                   |                                    |  |

After all steps of the submission process have been completed, the person submitting the application will receive a system-generated notification stating the application has been successfully submitted. The notification message, as well as other correspondence generated via iowagrants.gov, will come from the dullestech.com domain. Please make sure your email system is set to allow these messages to be delivered.

If you have questions regarding the FY26 Perkins Grant application forms, please contact Jeffrey Fletcher, Perkins Accountability Consultant, Bureau of Career and Technical Education at <u>jeffrey.fletcher@iowa.gov</u> or 515-321-7309.

# **Claim Submission Instructions**

Contact CTE Bureau if assistance is needed to edit and submit a claim.

Click on the green "+ Add Claim" button to initiate a claim.

|   | 이 같은 것은     |
|---|---|
| 513163 - FY 2024 Test Application - 2024            |   |
| Status:   | Underway  |
| Program Area:                                       | Perkins V                                       |
| Funding Opportunity:                                | 510896-FY24 - Perkins V - Secondary Application |
| Organization:                                       | Iowa Department of Education                    |
| Grantee Contact:                                    | Amy Vybiral                                     |
| Program Officer:                                    | Dennis Harden                                   |
| Awarded Amount:                                     |   |
|   |   |
| Grant List Genera Claims Second Grant               |   |
| Olaims  | 🔶 Add Claim                                     |
| All claims associated with this grant appear below. |   |

Click on the green "Edit Claim" button.

| Grant<br>List of all current grant |                   |                 |   |                         |   |            |              |
|------------------------------------|-------------------|-----------------|---|-------------------------|---|------------|--------------|
| 🕈 Back 📅                           | Print - 🕜 On      | line Help       | ⊡ Log Out                                       |                         |   |            |              |
|                                    |                   |                 |   |                         |   |            |              |
| Claim Preview A                    | Alert History Map |                 |   |                         |   |            |              |
| Claim Deta                         | ails              |                 |   |                         |   | × Withdraw | 🗹 Edit Claim |
| Claim Details                      |                   |                 | ation - 2024<br>rkins V - Secondary Application | Initial Submit Date:    |   |            |              |
| Program Area:                      |                   | kins V          |   | Initially Submitted By: | : |            |              |
| Status:                            | Edit              | -               |   | Last Submit Date:       |   |            |              |
| Claim Number:                      | 001               |                 |   | Last Submitted By:      |   |            |              |
| Claim Type:                        |                   | mbursement      |   | Approved Date:          |   |            |              |
| Reporting Period:                  |                   | 04/2023 - 05/05 | 5/2023  |                         |   |            |              |
| Final Request:                     | No                |                 |   |                         |   |            |              |
| Funded:                            |                   |                 |   |                         |   |            |              |
| Batch Name:                        |                   |                 |   |                         |   |            |              |
| Vendor Number:                     |                   |                 |   |                         |   |            |              |

Click on "General Information"

| 🗖 Claim: 001  |   |           |  |            |                  |
|---|---|-----------|--|------------|------------------|
| Claim Status:   | Editing   | diting    |  |            |                  |
| Grant Title:  | 513163 - FY 2024 Test Application               |           |  |            |                  |
| Program Area:   | Perkins V                                       |           |  |            |                  |
| Funding Opportunity:  | 510896-FY24 - Perkins V - Secondary Application |           |  |            |                  |
| Reporting Period:   | 05/04/2023 - 05/05/2023                         |           |  |            |                  |
| Claim Type:   | Reimbursement                                   |           |  |            |                  |
| Submitted By:   | 2   |           |  |            |                  |
|   |   |           |  |            |                  |
| Claim Preview Alert History Map   |   |           |  |            |                  |
| Claim Details   |   |           |  | × Withdraw | Q, Preview Claim |
| Claim cannot be Submitted Currently <ul> <li>Claim components are not complete</li> </ul> |   |           |  |            |                  |
| Component   |   | Complete? | Last Edited                            |            |                  |
| General Information   |   | ~         | May 4, 2023 9:46 AM - Jeffrey Fletcher |            |                  |
| Reimbursement   |   |           | May 4, 2023 9:46 AM - Jeffrey Fletcher |            |                  |
| Perkins Basic - Reimbursement Documentation   |   |           | -                                      |            |                  |

Enter report period – the period-of-time of when the actual expenses occurred.

For "reimbursement" form and "reimbursement documentation form":

- 1. Click green "Edit Form" button.
- 2. Enter and complete information.
- 3. Click green "Save Form" button.
- 4. Click orange "Mark as Complete" button.
- 5. Repeat as needed; i.e., saved information can always be edited/worked on later.
  - !!!Do not withdraw claims!!!
  - Do not begin a new claim until all claims in "editing" and "correcting" have been completed and submitted.
  - Claims cannot be deleted in Iowa Grants. Do NOT "withdraw" claims. Contact the CTE Bureau for technical assistance.
- 6. Continue to complete and "Mark as Complete" each form until the green banner message "Claim is in compliance and is ready for submission!" and the orange "Submit Claim" button appears.

| General Information - Claim - Edit                                |   |   |   |  |  |
|---|---|---|---|--|--|
|   | red fields. Enter the report period of coverage for this c<br>that will be submitted for this grant, then the Final Req |   | eported on this claim should have been incurred during this<br>ld be checked. |  |  |
| Examples Quarterly Reporting Period:                              | 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31  |   |   |  |  |
| Status*:  | Editing   |   |   |  |  |
| Туре*:  | Reimbursement   |   |   |  |  |
| Report Period:  |   |   |   |  |  |
|   | Start Date End Date   |   |   |  |  |
| Final Request?*:  | Yes No  |   |   |  |  |
|   |   |   |   |  |  |
| Claim List Genera Reimbu  | Perkin  |   |   |  |  |
| 🗗 Reimbursement - c   | Reimbursement - Current Version   |   |   |  |  |
|   |   |   |   |  |  |
|   |   |   | ✓ Mark as Complete  |  |  |
|   |   |   |   |  |  |
| ① Claim Details     ✓ Submit Claim   × Withdraw   Q Preview Claim |   |   |   |  |  |
| Claim is in compliance and is ready for Submission!               |   |   |   |  |  |
| Component Complete? Last Edited                                   |   |   |   |  |  |
| General Information   |   | ✓ | May 4, 2023 1:09 PM - Jeffrey Fletcher  |  |  |
| Reimbursement   | May 4, 2023 3:12 PM - Jeff Fletcher   |   |   |  |  |

Contact Amy Vybiral at <u>amy.vybiral@iowa.gov</u> for assistance.

Perkins Basic - Reimbursement Documentation

May 4, 2023 3:17 PM - Jeff Fletcher