**Perkins V Monitoring Desk Audit**

***Advanced Organizer – FY25 (report on FYs 24, 23, 22, 21, 20)***

According to Education Department General Administrative Regulations (EDGAR) and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (UGG), 2 CFR Part 200, Section §200.332, the pass-through (State Eligible Agency), must:

*“(b) evaluate each subrecipient’s risk of non-compliance with Federal statutes, regulations and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in paragraphs (d) and (e) of this section… “monitor the activities of the subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved…”* [78 FR 78608, Dec. 26, 2013, as amended a 79 FR 75885, Dec. 19, 2014; 80 FR 54409, Sept. 10, 2015].

The Iowa Department of Education uses the Community College state accreditation calendar to monitor 20% of Iowa’s community colleges each fiscal year for Perkins.

***Monitoring visits may occur more often, if deemed necessary.***

To assist in making the Perkins Monitoring Visit less intrusive, please complete this document by answering **all** questions, including **all** necessary URLs/links/documents, and emailing this document to Dr. Jeffrey Fletcher at [jeffrey.fletcher@iowa.gov](mailto:jeffrey.fletcher@iowa.gov) This serves as a desk audit for Perkins monitoring for the current fiscal year. It is advisable to invite CTE instructors to participate (if applicable). *If we have questions or concerns regarding your Perkins Desk Audit submission, an onsite visit may be necessary.*

**Name of Person Completing this Document:**

**Contact Email Address:**

**Community College Name:**

**Date Documentation Completed and Uploaded:**

1. Explain the decision-making processes for purchases using Perkins funds by the community college?
2. Explain the process for sharing indicators of performance:
3. How do programs respond to this information?
4. How does the college integrate this information into other planning efforts?
5. List any issues for CTE that were identified during your last CC monitoring visit and explain what has been done to correct those issues.
6. CTE is part of college and career ready:
7. How are funds used to promote preparation for nontraditional fields?
8. How is career and academic counseling provided to CTE students, including linkages to future education and training opportunities?
9. How are counselors/advisers promoting CTE to all students at the Community College?
10. For activities under Perkins, please describe how you are moving forward to meet your performance objectives related to:

PERKINS V

1. Perkins Activity 1 – Career Exploration and Development
2. Perkins Activity 2 – Professional Development
3. Perkins Activity 3 – CTE Skill Development
4. Perkins Activity 4 – Integration of Academic Skills
5. Perkins Activity 5 – Support for CTE Programs
6. Perkins Activity 6 – Develop and Implement Evaluations
7. Describe the process used to determine if expenditures:
8. Are expended only for allowable activities;
9. Spent according to the approved budget;
10. Are used to supplement and not supplant;
11. Ensure no goods or services are made with any debarred or suspended party;
12. Ensure no funds are used for incentives, inducements or relocation; and
13. Ensure no funds are used for lobbying
14. Please describe how your current planning structures, processes and supports under Perkins V will instill permanency around developing high-quality CTE programs that provide equal access to all students.
15. A key focus within Perkins V is to make progress towards implementing equal access to high-quality CTE programs for special populations. Describe how processes you use will
16. expand access to high-quality CTE programs;
17. develop strategies to overcome barriers that result in lower rates of access to high-quality CTE programs and
18. provide high-quality CTE programs that are designed to meet the local levels of performance.
19. Describe how CTE programs are aligned with state, regional or local in-demand industry sectors.
20. Please explain how the community college works with the secondary districts within their area on their Program of Study and how they relate to the community college program. See [Program of Study Guidance webpage](https://educate.iowa.gov/higher-ed/cte/iowa-quality/programs-study).
    1. *Identify how the 5.4% of Perkins funds designated for linkage with the area secondary districts are used.*

**Documents to attach**

1. Job description for Perkins coordinator if paid out of Perkins funds.
2. Job descriptions for other personnel funded through Perkins, if applicable.
3. Time and effort sheets for individuals partially paid using Perkins funds.
4. Inventory of equipment purchased (including items purchased, date of purchase, location of equipment, ID#).
5. List of CTE programs and CTSO(s) alignment based on the 2024-2025 academic year.
   1. E.g., 0100000000, Agriculture, General – FFA (CTSO); 4699000000, Construction Trades, SkillsUSA (CTSO)
6. Electronic documentation (website, Google Docs or other electronic methods) of Programs of Study for program(s) that are not in the Iowa STICS program review system and/or have not been reviewed in the last (5) calendar years. [See Program of Study Guidance on the DE webpage](https://educate.iowa.gov/higher-ed/cte/iowa-quality/programs-study).

To the best of my knowledge, the “evaluations” and “improvement strategies” contained in this Perkins Desk Audit accurately depicts our Perkins program activities and this self-evaluation was discussed with the administration.  ***(note: both signatures required, and cannot be the same person).***

**Perkins Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator** **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_