This application should be used for new programs (currently in the program approval process) or existing programs the institution would like reviewed for Carl D. Perkins funding eligibility.

Program Eligibility

An “eligible recipient” is an eligible institution or consortium of eligible institutions qualified to receive a Perkins allocation.

An “eligible institution” is an institution of higher education that offers CTE programs and will use Perkins funds in support of CTE coursework that leads to technical skill proficiency or a recognized postsecondary credential, including an industry-recognized credential, a certificate, or an associate degree, which does not include a baccalaureate degree.

Any program receiving Perkins funds must be designated as a technical program by KBOR. Definition of a technical program may be found in state statute K.S.A. 72-1802. Criteria adopted by the Board of Regents may be found in their February 20, 2019 meeting packet.

Program Levels:

|  |  |
| --- | --- |
| Educational Award Level | Credit Hours |
| SAPP | 0-15 |
| Certificate A | 16-29 |
| Certificate B | 30-44 |
| Certificate C | 45-59 |
| Associate of Applied Science | 60-69 |

Stand-Alone Parent Programs (SAPPs) must meet the following criteria:

* Minimum of 8 credit hours
* Minimum of 80% tiered credit hours
* Maintain an average of 6 concentrators over the most recent consecutive 2-year period

Certificates and Associate of Applied Science degrees must meet the following criteria:

* Minimum of 51% tiered credit hours
* Maintain an average of 6 concentrators over the most recent consecutive 2-year period
* Comply with Program Alignment – *if applicable*

|  |  |
| --- | --- |
| Name of Institution |  |
| Name, title, phone, and email of person submitting the Perkins Eligibility application *(contact person for the approval process)* |  |
| Name, title, phone, and email of the Perkins Coordinator  |  |
| Program Name |  |
| Program CIP Code |  |
| Educational award levels and credit hours for the proposed request |  |
| Percentage of tiered credit hours for the educational level of this request |  |
| Number of concentrators for the educational level  |  |
| Does the program meet program alignment? |  |
| Justification for conditional approval: *(this section must reference information found within the Local Needs Assessment)* |  |

Signature of College Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature of KBOR Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

*For KBOR Staff use*

Approval effective for Academic Year:

Approval effective for Perkins fund spending for Fiscal Year:

Perkins Grant reporting required beginning: