

GRCC Carl D. Perkins Grant Proposal

Pre-Activity Instructions

This form will be your formal request for the following to be considered for Perkins funding. By submitting this pre-activity information form, the dean will have an understanding of the type of funding that is requested and how that activity will be used to support one or more of the core indicators. Submission of this form does not mean your request will be funded.

Each activity reimbursement must have a separate form. One form can be used for multiple faculty requesting the same activity.

Participant(s) Information

Person Completing Proposal: _____

Department: _____ Submission Date: _____

Other Participant Names: _____

Pre-Activity Request Information

Pick only one of the activities listed below.

Is this a Conference?

Conference title: _____

What do you hope to learn at this conference that will benefit GRCC?

Start and end date of conference (MM/DD/YYYY): Start: _____ End: _____

Location of conference: _____

Request Funding (up to \$1,700). What are your estimated expenses? (If none, enter 0.):

| | |
|------------------------------|----------|
| Transportation | \$ _____ |
| Lodging, Meals/Miscellaneous | \$ _____ |
| Banquet | \$ _____ |
| Registration | \$ _____ |
| Total | \$ _____ |

Are there other funding sources that could be applied for this request? Yes No

If yes, what source (other grants, department funds, C3)? _____

Is this for curriculum improvement or program development?

Explain the activity being planned:

What is the proposed outcome of this work?

What semester will this activity take place? Fall Winter Summer (deadline June 30)

How many hours per week do you believe this activity will take you? _____

Total clock hours you are requesting for this activity: _____

Is this for the coordination of a program or activity?

Please explain:

What is the proposed outcome of this work?

What semester will this activity take place? Fall Winter Summer

How many hours per week do you believe this activity will take you? _____

Total clock hours you are requesting for this activity: _____

Explain how any of the proposed Perkins funded activities above will directly impact student success in at least one or more of the below core indicators. (Be specific!)

Select the indicator(s) (Choose as many as needed.)

1P1: The percentage of CTE concentrators who, during the second quarter after program completion, remain enrolled in postsecondary education, are in advanced training, military service, or a service program under the National and Community Service Act, are volunteers in the Peace Corps, or are placed or retained in employment.

2P1: The percentage of CTE concentrators who receive a recognized postsecondary credential during participation in or within one year of program completion.

3P1: The percentage of CTE concentrators in CTE programs and programs of study that lead to non-traditional fields.

Submission Instructions



Save and email this form to your department head/program director.

Department Prioritization

As a department, all of the requests should be prioritized before sending to the School of Workforce Development's Dean's Office.

What is the rating for this request? _____ (DH/PD: After Prioritizing all requests, send to the SWD Dean's Office.)

Email this form to: DeanSWD@grcc.edu

Dean's Approval

Approved Not Approved

Dean's Comments:

Leave of Absence

Once you have received notice from the dean's office that your Perkins request is approved, and if you are attending a conference, fill out a **Leave of Absence** form located at grcc.edu/LOA. Be sure to check the **Perkins check box** in the estimated funding area to have it routed to the dean's office.

GRCC Carl D. Perkins Grant Outcome Report**Post-Activity Instructions**

Indicate how this Perkins activity enhanced your ability to respond to the needs of the students in the five core indicator areas from the list below.

Select the indicator(s) (Choose as many as needed.)

1P1: The percentage of CTE concentrators who, during the second quarter after program completion, remain enrolled in postsecondary education, are in advanced training, military service, or a service program under the National and Community Service Act, are volunteers in the Peace Corps, or are placed or retained in employment.

2P1: The percentage of CTE concentrators who receive a recognized postsecondary credential during participation in or within one year of program completion.

3P1: The percentage of CTE concentrators in CTE programs and programs of study that lead to non-traditional fields.

For conferences:

How will you incorporate what you learned at the conference? (Be specific: curriculum development, update technology, course/program revision, assignments, etc.):

How will you share your learning? (Be specific: shared rubric, presentation to department, new course/program, etc.):

For curriculum work:

Explain how the work will better address student learning:

Is there more work to be done?

For coordination activities:

Explain what was accomplished and how that impacted students in the classroom:

Is there more work to be done?

Why should this position continue to be funded?

Submission Instructions

Save and email this form to: DeanSWD@gcc.edu and cc: your DH/PD.



Leaves and Reimbursements

To receive reimbursement after expenses are incurred, use the forms and instructions at gcc.edu/EmployeeReimbursement.

NOTE: All reimbursement forms must be submitted to the School of Workforce Development's Dean's Office within 30 days (or by June 30) of expenditure.