

**LAKES COUNTRY PERKINS CONSORTIUM**  
**SECONDARY PERKINS REQUEST FOR PURCHASE (RFP) APPLICATION**

Funding applications open on a rolling basis from July 1 through April 1 each fiscal year or until grant funds are exhausted. Incomplete applications will be disqualified.

Date: \_\_\_\_\_ District: \_\_\_\_\_

Licensed CTE Teacher Name: \_\_\_\_\_ File Folder Number: \_\_\_\_\_

CTE Approved Program Code: \_\_\_\_\_ Course Code(s): \_\_\_\_\_

**Requesting Funds for:**     Professional Development  
    Equipment  
    Other: \_\_\_\_\_

<p><b>Signature of secondary principal or superintendent (required):</b> Signature indicates local administrative approval of this application for federal funds and assures that this use of federal funds <b><i>does not supplant local or state funds</i></b>, including general funds, technology funds, and state CTE revenue obtained under <a href="#">Minnesota Statute Section 124D.4531</a>.</p>	
Signature: _____	Date: _____
<p><b>Signature of district technology representative (required <u>only</u> for technology requests):</b> Signature indicates technology department approval of this application and assures that this request aligns with district technology infrastructure, policy and plans.</p>	
Signature: _____	Date: _____

Brief description of request, including cost:

Briefly describe how this expenditure supports career and technical education within your CTE courses.

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Please select “yes or no” for the following statements regarding the requested expenditure.

Yes  No      This expenditure supports a course that offers postsecondary credit.

Yes  No      This expenditure was funded in previous years

If yes, explain the funding source: \_\_\_\_\_

Yes  No      This expenditure is supported by matching funds.

If yes, list amount and source of outside funds: \_\_\_\_\_

Yes  No      This expenditure is a part of one of the consortium’s state-recognized programs of study as identified in the Perkins plan. If so, which program of study?

- Accounting
- Construction
- Teaching/Training (including early childhood/child development)
- Web/Digital Communications
- Transportation Operations
- Power, Structural & Technical Systems
- Therapeutic Services (including medical careers)

**Assurances:** Initialing each item below indicates your assurances of each statement.

\_\_\_\_\_ All funded Perkins expenditures will be used only for Perkins purposes and only by appropriately licensed CTE teachers and be used to improve/enhance instruction in approved courses and programs.

\_\_\_\_\_ Perkins funds do not supplant state or local district financial responsibilities. Perkins funds are supplemental dollars only.

\_\_\_\_\_ Upon receipt of any materials/equipment, a copy of the packing or delivery slip will be sent to LCSC.

\_\_\_\_\_ I understand that failure to comply with local, state and federal regulations regarding Perkins funds may jeopardize any further accessibility of Perkins funds.

**In addition to this completed application, attach:**

Formal quote for equipment or full budget for professional development that accounts for all expenses that you are applying for funds.

If expenditure is over \$1,000, advisory committee minutes or statement from industry-based advisory member that supports the requested expenditure.