

**Action Grant**

2024-2025

*Application*

Submitted by:

***TYPE APPLICANT NAME (SCHOOL/ESU/COMMUNITY COLLEGE) HERE***

**OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION**

nebraska department of education

500 S. 84th Street, Lincoln, NE 68510

**General Information**

Please refer to the **reVISION** **Action Grant Application Guidelines** on our webpage, <https://www.education.ne.gov/nce/revision/action-grant/> for the following details: grant program overview, eligible recipients, priorities and preferences, use of funds, timelines
and deadlines, application format, and application evaluation and selection criteria.

**Application Elements**

The following outline is provided to support applicants as they develop their applications. The questions below are intended to guide the applicant’s thinking but should not be viewed as an exhaustive or prescriptive list for preparing the application. Feel free to include additional information or materials as deemed relevant for your prosed goals, needs, and activities. Page lengths provided after each narrative section are offered as suggestions, not requirements.

**Cover Page: 1 page**

Use the cover page of this template document as your application cover page by adding applicant name to the box provided.

**Section 1: Application Overview (1/2-1 pages)**

Briefly describe what you hope to accomplish within the grant award period, specifically focusing on the ways in which the grant funds would be used to strengthen your career education system and ensure its alignment with the findings from your ongoing reVISION process. Please be sure to consider the most up-to-date information to demonstrate this alignment. (Please refer to the [reVISION](https://www.education.ne.gov/nce/revision/) web page for details.)

In what ways will the work you intend to accomplish during this grant period better prepare students for success in postsecondary education and Nebraska’s workforce? How will this work improve, modernize, or expand your career education programs to align with Nebraska’s economic priorities and workforce labor demands? Include relevant and supporting data and/or labor market information.

**Section 2: Key Objectives (1-2 pages)**

Describe how your overall goals for this grant period align with at least two of Nebraska CTE’s Perkins V strategic priorities, with a particular focus on strategies designed to address equity gaps for special populations in CTE and, where applicable, barriers to implementing high-quality CTE in rural areas. What outcomes do you hope to achieve relative to those identified in your Perkins V local application? If achieved, how would these changes contribute to aligning your CTE system or programs with Nebraska’s workforce needs and economic development priorities? Describe how this grant would connect to and build upon existing work already underway that helps prepare students for success in postsecondary education and Nebraska’s workforce.

**Section 3: Project Activities (varies)**

Each project activity should be listed in the order of priority of funding requested.

Please number/list each activity individually and provide the following information:

1. Provide a detailed narrative describing the activities to be funded. Include detail for specific expenditure items (i.e., names of conferences to be attended, equipment to be purchased, etc.). In addition, include a detailed justification for the activities and expenditures based on your reVISION process findings and Perkins V local application goals.
2. Describe how you will evaluate whether your activities will have contributed to your overall goals using these grant funds. What indicators will be examined? What data will be collected? How will these data and results be used to enhance or refine your goals and your overall CTE system?
3. Describe how the activities will be sustained beyond the grant period. What local contributions will be provided to ensure the efforts made will maintain momentum? *Be explicit*. If grant funds are not available in future years, how will your goals/activities continue to be addressed?

**Section 4: Commitment & Capacity (1 page)**

Briefly describe who will be responsible for serving on your leadership team, including school/district/college leadership, fiscal leadership, advisory council members, etc. How will this team ensure that the grant funds will be used to meet the goals outlined and connect the work of your reVISION process findings and your Perkins V local application goals? What external partners have committed to supporting these efforts? Please attach any letters of commitment or pledge letters to the *Supplemental Documents* section of your application, as reference.

**Section 5: Budget Proposal**

Using the budget templates in Appendix A, list all direct costs associated with the implementation of the proposed activities that are allowable and justified. *Provide explicit detail* (e.g., if you plan to use funds to attend a national conference, the name and date of the conference along with all associated costs must be listed; if you plan to purchase a piece of equipment, list the name, model, and price). Add/remove rows as needed.

Allowable uses of funds: All grant funds must adhere to the Perkins Guidelines for use of Federal Perkins Funds as defined in the Nebraska Perkins Management Guide. In particular, no consumable items, furniture, or items that become part of a permanent structure may be purchased. Visit the Grant Management section of the [Perkins Management Guide](https://www.education.ne.gov/wp-content/uploads/2023/08/Perkins-V-Management-Guide_v4.0_Final-1.pdf) for additional information about allowable uses of Perkins funds.

Non-allowable uses of funds: reVISION grant funds may not be spent on costs associated with writing the application, consumable items, whole-school improvement efforts, professional development not directly related to needed changes identified in the reVISION process findings, direct assistance to students (i.e., subscriptions or single-use licenses), or students below grade five. reVISION Action grants cannot be used to supplant funds. Carefully review the non-allowable uses of funds in the Grant Management section found in the [Perkins Management Guide](https://www.education.ne.gov/wp-content/uploads/2023/08/Perkins-V-Management-Guide_v4.0_Final-1.pdf).

**Section 6: Supplemental Documents**

Any additional documents that may support your grant proposal may also be submitted (e.g., letters of support from local businesses, career interest data, local and/or regional reVISION summaries, etc.). Note: Letters of support that identify specific details about planned collaborative activities will demonstrate engaged partnership better than generalized letters of support.

**Appendix A**

**Budget Templates**

There are two budget worksheets that must be completed, an (1) *Activity Budget* and a (2) *Budget Summary*. Each individual activity should have an associated *Activity Budget*. Indicate the activity number. In addition, a comprehensive grant application *Budget Summary* should also be completed. See templates below. Add/remove rows and activity numbers as needed.

Please refer to the “Grants Management” section of the [Perkins Management Guide](https://www.education.ne.gov/wp-content/uploads/2023/08/Perkins-V-Management-Guide_v4.0_Final-1.pdf) for current budget category descriptions and object codes.

**Activity Budget Template**

Complete an Activity Budget for *each* proposed activity in your application. Be specific when identifying the expenditures. Add/remove rows as needed.

|  |
| --- |
| **Activity Budget: Activity # \_\_\_\_** |
| **Expenditure** | **Unit Cost** | **Total** |
| **Salaries** – Specified by Position (Object Code 100) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| **Employee Benefits** – Specified by Position (Object Code 200) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| **Professional & Technical Services** – (Object Code 300) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| **Other Purchased Professional Services** – (Object Code 400/500) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| **Supplies**— Includes equipment with a unit cost of less than $5,000 - (Object Code 600) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| **Capital Assets**– Only equipment with a unit cost of $5,000 or more (Object Code 700) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |
| ***ACTIVITY TOTAL*** |  |

**Budget Summary Template**

Complete one Budget Summary once all Activity Budgets are complete. Indicate the cost for each associated activity based on the type of expenditure. Add all activity totals for one grand total. This total should represent the full amount being requested in the grant application (not to exceed $100,000). Add/remove rows as needed.

**Budget Summary**

**Salaries** (Object Code 100)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Employee Benefits** (Object Code 200)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Professional & Technical Services** (Object Code 300)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Other Purchased Professional Services** (Object Code 400/500)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Supplies & Materials/Operational Equipment** (Object Code 600)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Capital Assets -** *Only equipment with a unit cost of $5,000 or more*(Object Code 700)

Activity 1 $\_\_\_\_\_\_\_\_\_\_

 Activity 2 $\_\_\_\_\_\_\_\_\_\_

 Activity 3 $\_\_\_\_\_\_\_\_\_\_

 *Subtotal* **$\_\_\_\_\_\_\_\_\_\_**

**Grand Total $\_\_\_\_\_\_\_\_\_\_\_**

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