

# ARKANSAS CAREER COACH GRANT RENEWAL REQUEST

## DIVISION OF CAREER AND TECHNICAL EDUCATION (CTE)

CAREER COACH PROGRAM GRANT		EFFECTIVE GRANT YEAR:	
AMOUNT AWARDED IN FY 2021:		AMOUNT OF REQUEST FOR RENEWAL AWARD:	
HOST SITE:			
CONTACT PERSON:		PHONE:	
EMAIL ADDRESS:		FAX:	
HOST SITE CHANCELLOR/PRESIDENT/DIRECTOR:		PHONE:	
EMAIL ADDRESS:		FAX:	

Please indicate the action requested below. Complete all applicable forms and note that all signatures required must be in blue ink only.

**Revision of High Priority**
 **Revision of Performance Measures**
 **Revision of Plan of Operation**
 **Revision of Budget**

**Required Signatures:**

\_\_\_\_\_

*Contact Person's Signature (Blue ink only)*

\_\_\_\_\_

Date

\_\_\_\_\_

*Chancellor/President/Director's Signature or Designee (Blue ink only)*

\_\_\_\_\_

Date

FOR OFFICE OF CTE SENIOR ASSOCIATE DIRECTOR USE ONLY	
GRANT AMENDMENT REQUEST:	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
_____	_____
CTE SENIOR ASSOCIATE DIRECTOR SIGNATURE	DATE

CTE SENIOR ASSOCIATE DIRECTOR'S OFFICE  
ARKANSAS DEPARTMENT OF EDUCATION

DISTRICT(S):

HOST SITE:

## ***High Priority***

<b>CATERGORIES</b>	<b>CURRENT</b>	<b>CHANGE</b>
<b>ECONOMICALLY DISADVANTAGED</b>		
<b>ENGLISH LEARNERS</b>		
<b>HOMELESS INDIVIDUALS</b>		
<b>NON-TRADITIONAL CAREERS</b>		
<b>AGED OUT OF FOSTER CARE</b>		
<b>PARENTS ON ACTIVE DUTY</b>		
<b>SINGLE-PARENT/SINGLE-PREGNANT</b>		

**IF CHANGING, PLEASE PROVIDE RATIONALE FOR CHANGE (I.E. PERCENT OF STUDENTS IN SELECTED POPULATION, ACHIEVEMENT GAPS, AND/OR BARRIERS)**

***Performance Measures***

<b>Performance Goals</b>	<b>AY 2019 Program Outcome</b>	<b>AY 2021 Program Target</b>	<b>AY 2021 Program Outcome</b>
Take an industry-recognized assessment (grade 10 – 12)	<b>3%</b>	30%	
Exposed to Work-Based Learning Opportunities (grade 8 – 12)	<b>0.27%</b>	70%	
Exposed to CTE Non-traditional Careers (grade 8 – 12)	<b>20.50%</b>	40%	
Postsecondary Placement (grade 12)	<b>31.60%</b>	50%	
Submitted and completed a financial aid application (grade 12)	<b>32.93%</b>	40%	

**Please detail your plan to address gaps in outcomes for all goals that fell below targets, except Non-Traditional Careers:**

CTE SENIOR ASSOCIATE DIRECTOR'S OFFICE ARKANSAS DEPARTMENT OF EDUCATION	DISTRICT(S):	
	HOST SITE:	

**INSTRUCTIONS FOR COMPLETING THE PLAN OF OPERATIONS AMENDMENT SECTION**

The *Form* is designed to display four critical areas of a project work plan. The four components of this form are:

- REASON
- COMPONENTS
- ACTIVITIES
- RESPONSIBLE PERSON(S)
- TIMELINES

**REASON:**

Provide a succinct description of the change or amendment that will affect your original Plan of Operation. (Example: due to changes in the High Priority section, challenges with performance measures outcomes, additional schools, loss of schools, additional positions, and/or loss of positions)

**COMPONENTS:**

List the Plan of Operation component that will be affected by the change. The components are identified in the Plan of Operation section of the grant application and are what has to be done in order to make the project a success. (Example: Plan to use resources and personnel to achieve objectives and to coordinate the Arkansas College and Career Coach with other college and career planning programs located within the college, school district, and community)

**ACTIVITIES:**

List each major activity associated with each component that you would like to amend. (Example: Career Coaches will meet with Career Development Facilitators working in their school district and communities for planning and implementation of programs and services)

**RESPONSIBLE PERSON(S):**

Identify by position, the personnel responsible for the completion of each activity listed. (Example: 2 currently employed and 1 additional (new) Career Coach)

**TIMELINES:**

Identify the start date and the ending date for each activity listed.

(Example: This would normally take place in November; however to ensure more time to connect students with work-based learning experiences, we will begin Career Exploration Camps in September)

CTE SENIOR ASSOCIATE DIRECTOR'S OFFICE  
ARKANSAS DEPARTMENT OF EDUCATION

DISTRICT(S):

HOST SITE:

## *Plan of Operation*

Please details of any changes to your to your plan of operation due changes to High Priority section, challenges with performance measures outcomes, additional schools, loss of schools, additional positions, and/or loss of positions:

**REASON:**

**COMPONENTS:**

**ACTIVITIES:**

**RESPONSIBLE PERSON(S):**

**TIMELINES:**

## *Application Budget Summary Revision Form*

Note: \*Only enter the revised amounts  
 \*When entering dollar amounts, round off to nearest dollar.  
 \*Submit details explaining the reason for amending each line item on separate sheet of paper, as needed.

<b>Expenditure</b>	<b>Major Line Item Classifications</b>	<b>Original Line Item Amount Awarded by Career Education</b>	<b>Requested Change</b>	<b>Revised Total Line Item Amount Requested from Career Education</b>	<b>District Match Funds (1)</b>	<b>Other Source(2)</b>	<b>Other Source(2)</b>	<b>Other Source(2)</b>
1000	Career Coach Salary and Benefits							
2000	Career Exploration Camps							
3000	Arkansas College Application Campaign							
4000	Computers and Technology							
5000	Career Coach and Supervisor Travel for ACTE sponsored and/or approved activities							
<b>Total Direct Costs</b>								
<b>Total Program Costs</b>								

CHIEF FISCAL OFFICER/AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

