

LEA Form 6 & 8 (Combined)

NEW CAREER AND TECHNICAL EDUCATION INSTRUCTIONAL PROGRAMS

APPLICATION FOR APPROVAL OF INTENDED FEDERAL SALARIES*

Complete this form for each new program. On a separate sheet, describe the need for the program.
On a separate sheet, describe in detail, the facilities, including the resources and equipment available to support this program.

Name of New Program (As listed on the Cluster Grid)	Name of Teacher(s) (Must be same as listed on LEA Form 14.)	Name of School (Where program will be located.)	Proposed Amount of Perkins IV Funds to be used for salary* (only if written approval)	Full Time Equivalent FTE % of Time Out of Perkins IV* (only if written approval)
NA				

*For FY 2012, complete the last two columns **only if written approval** has been given by the State Director to use Perkins IV funds for this salaried position.

CTE Administrator _____ CSFO _____ Superintendent _____
Signature _____ *Signature* _____ *Signature* _____
 _____ Date Signed _____ Date Signed _____ Date Signed