Perkins Leadership Block Grant Year-End Report 2023-2024

Please provide a detailed accounting of your Perkins Leadership Block Grant activities, including accomplishments, challenges, partnerships, performance and participation data, and measurable outcomes as appropriate. You may skip or delete sections that do not apply to your Leadership Block Grant (LBG) application/activities.

**This report is due on Wednesday, July 31, 2024, and must be submitted online using this link:** https://www.surveymonkey.com/r/PerkinsLeadershipBlockGrant23-24. Questions should be directed to Kimberly Ingram, Program Administrator, at [kingram@sbctc.edu.](mailto:kingram@sbctc.edu)

1. **College Information**

Please complete the following information:

**College Name:**

**Contact Name:**

**Email:**

**Phone Number:**

## Section #1: Program Adaptation and Development

# If your college was awarded Perkins Leadership Block Grant funds in Program Adaptation and Development, please complete this section. If not, click Next.

1. **Program Adaptation and Development Budget**

Enter below the amount of Perkins Leadership Block Grant (LBG) funds requested and expended for Program Adaptation and Development.

Total Funds Requested:

Total Funds Expended:

# Project Title(s)/Summary of Achievements

Please list the most important investments made with LBG funds **AND** the achievements for those projects.

For each investment, explain what outcomes were met and how the college measured the eﬀicacy of the project, program, or initiative. Whenever possible, please include evaluation data, participant feedback, benchmarks, deliverables, or other indicators of successes.

**Project Title #1:**

Summary of Achievements:

**Project Title #2:**

Summary of Achievements:

**Project Title #3:**

Summary of Achievements:

## Section #2: Special Populations

# If your college was awarded Leadership Block Grant funds in Special Populations, please complete this section. If not, click Next.

1. **Special Populations Budget**

Enter below the amount of Leadership Block Grant funds requested and expended for Special Populations.

Total Funds Requested:

Total Funds Expended:

# Project Title(s)/Summary of Achievements

Please click which Special Populations were impacted by Leadership Block Grant funding.

* **Economically Disadvantaged**
* **English Learner**
* **Foster Care Youth**
* **Homeless Individuals**
* **Non-traditional fields**
* **Out of Work**
* **Single Parent**
* **Students with Disabilities**
* **Youth with Active-duty Military Parents**

# Project Title(s)/Summary of Achievements

Please list the most important investments made with LBG funds **AND** the achievements for those projects.

For each project, explain what outcomes were met and how the college measured the eﬀicacy of the project, program, or initiative. Whenever possible, please include evaluation data, participant feedback, benchmarks, deliverables, or other indicators of successes.

**Project Title #1:**

Summary of Achievements:

**Project Title #2:**

Summary of Achievements:

**Project Title #3:**

Summary of Achievements:

## Section #3: Industry-Based and SBCTC-Approved Professional Development

# If your college was awarded Leadership Block Grant funds in Industry-Based and SBCTC-Approved Professional Development, please complete this section. If not, click Next.

# Total Number of Trainings by Type of Professional Development

Industry-Based Training:

Professional Association Conference/Mtg:

Return to Industry:

Incorporation of New Equipment/Tech:

Other:

# Professional Development Summary

Provide the total numbers for the categories below that were funded by Perkins Leadership Block Grant only.

Funds Requested:

Funds Expended:

Participants:

PD Hours:

Certs/Licenses Earned:

1. **Industry-Based Training**

Please list all Perkins Leadership Block Grant-funded relevant Industry-Based Trainings in the section below.

Provide the Professional Development Title or Sponsor's name, the CTE Program that the faculty represents, and the length of the training. *Include all applicable Industry-Based Trainings for ALL faculty and programs using the format provided.*

*Example: Virtual Storytelling with Data Training (Business)/10 hours; SIM Training and Hospital Experience (Nursing)/2 days*

Names of all PD Trainings or Sponsor (CTE Program)/Length of PD:

# Professional Association Conference or Meeting

Please list all Perkins Leadership Block Grant-funded relevant Professional Association Conferences or Meetings in the section below.

Provide the Professional Development Title or Sponsor's name, the CTE Program that the faculty represents, and the length of the training. Include all applicable Industry-Based Trainings for ALL faculty and programs using the format provided.

*Example: New Faculty Boot Camp (Diesel)/16 hours; Western Business Education Conference (Business)/3 days; etc*

Names of all PD Trainings or Sponsor (CTE Program)/Length of PD:

# Return to Industry

Please list all Perkins Leadership Block Grant-funded relevant to Return to Industry in the section below.

Provide the Professional Development Title or Sponsor's name, the CTE Program that the faculty represents, and the length of the training. Include all applicable Industry-Based Trainings for ALL faculty and programs using the format provided.

*Example: Iris Group PLLS (Construction Technology)/60 hours; Safeboats (Welding)/40 hours; etc*

Names of all Sponsors (CTE Program)/Length of PD:

# Incorporation of New Equipment/Technology

Please list all Perkins Leadership Block Grant-funded relevant Incorporation of New Equipment/Technology trainings in the section below.

Provide the Professional Development Title or Sponsor's name, the CTE Program that the faculty represents, and the length of the training. Include all applicable Industry-Based Trainings for ALL faculty and programs using the format provided.

*Example: CompTIA certiﬁcation training from CompTIA Security (Cybersecurity)/40 hours; Patient Controlled Analgesia Pumps at Capital Community Hospital (Nursing)/36 hours; etc*

Names of all PD Trainings or Sponsor (CTE Program)/Length of PD:

## Section #4: Local Student Leadership

# If your college was awarded funds in Local Student Leadership, please complete this section. If not, click Next.

1. **Local Student Leadership Budget**

Enter below the amount of funds requested and expended for Local Student Leadership.

Total Funds Requested:

Total Funds Expended:

**In the section below, provide information for every Student Organization that was funded by the Perkins Leadership Block Grant.**

1. Student Organization #1

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

1. Student Organization #2

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

1. Student Organization #3

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

1. Student Organization #4

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

1. Student Organization #5

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

1. Student Organization (if you have more than 5)

List all remaining student organizations in the ﬁelds below, if needed.

Student Organization Name:

CTE Program:

Faculty Advisor Name:

Number of Members:

Conferences and/or Competitions:

Awards and/or Recognition:

Activities Funded:

## Section #5: Statewide and Regional Partnership

# If your college was awarded Perkins Leadership Block Grant funds in Statewide and Regional Partnership, please complete this section. If not, click Done.

1. **Statewide and Regional Partnership Budget**

Enter below the amount of funds requested and expended for Statewide and Regional Partnership.

Total Funds Requested:

Total Funds Expended:

# Project Title(s)/Summary of Achievements

Please list the most important investments made with LBG funds **AND** the achievements for those projects.

For each project, explain what outcomes were met and how the college measured the eﬀicacy of the project, program, or initiative. Whenever possible, please include evaluation data, participant feedback, benchmarks, deliverables, or other indicators of successes.

**Project Title #1:**

Summary of Achievements:

**Project Title #2:**

Summary of Achievements:

**Project Title #3:**

Summary of Achievements: