

**2014-15 Perkins Basic Consortium Grant
PROPOSED ACTIVITIES FOR PROGRAM OF STUDY**

Grant Period: September 1, 2014 – June 15, 2015



TO BE FILLED OUT BY EACH TEACHER

District: _____ Today's Date: _____

Program of Study: _____ Teacher's Name: _____

E-mail: _____ Telephone: _____

District's Career & Technical Education Coordinator: _____
(The school's primary contact person for this grant)

E-mail: _____ Telephone: _____

PROFESSIONAL DEVELOPMENT

Check the box if you plan to attend one of these professional development activities:

OACTE (includes substitute, registration, lodging & misc expenses per person) up to \$1500

ACTE (includes substitute, registration, lodging, airfare, meals, etc per person) up to \$2000

Additional Professional Development Activity to:	Amount:
Registration Fees:	
Are you presenting or a participant?	
Transportation:	
Lodging:	
Meals:	
Substitute costs:	
How will this benefit your Program of Study?	
TOTAL:	

FIELD TRIPS

Field Trip to:	
Mileage or transportation costs:	
Substitute Costs:	
TOTAL Field Trip Costs:	TOTAL:

Field Trip to:	
Mileage or transportation costs:	
Substitute Costs:	
TOTAL Field Trip Costs:	TOTAL:

EQUIPMENT

All equipment must be purchased by your district. After notification of approval, any change in requested items needs to be submitted to Kristin Gunson, the consortium Regional Coordinator for approval..

EQUIPMENT/SUPPLIES:	
Please list in order of priority. Attach pictures, product descriptions & quotes.	
Item to be purchased: Is this industry quality? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount:
Item to be purchased: Is this industry quality? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount:
Item to be purchased: Is this industry quality? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount:
Item to be purchased: Is this industry quality? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount:
Item to be purchased: Is this industry quality? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount:
Total Equipment Costs:	\$

Submitted by: _____ Date _____
District Career & Technical Education Coordinator's Signature

Technology Director's Signature: _____ Date _____
(Required if technology items will be purchased)

High School Principal's Signature: _____ Date _____

**Submit to: Kristin Gunson, Regional Coordinator – Lane Education Service District
 1200 Highway 99 N, Eugene, OR 97402 no later than May 16, 2014.**