

Perkins Equipment/Curriculum Approval Form

Please submit this completed form, documentation of equipment specifications, and ordering information to the Minnesota Department of Education CTE office at mde.cte@state.mn.us.

Date: _____

Perkins Consortium: _____

Secondary Perkins Contact: _____

School District Number: _____ School Building Name: _____

Room (equipment location): _____

Licensed CTE Teacher: _____

File Folder Number: _____ CTE Program/Course: _____

Equipment Description/Special Expenditure Request:

Total Equipment/Expenditure Cost: \$_____ Total Consortium Expenditure: \$_____

Briefly describe how this expenditure supports career and technical education within your CTE courses.

Please select "yes or no" for the following statements regarding the requested consortium expenditure.

Yes No this purchase supports a rigorous program of study

Yes No this purchase supports a program of study

Yes No the course receiving equipment offers postsecondary credit

Yes No this expenditure was funded previous years

If yes, explain funding source: _____

Yes No this expenditure is supported by matching funds.

If yes, list percent of outside funds: _____

MDE Program Specialist

Date

MDE Program Specialist

Date