LOCAL PLAN UPDATES FOR FISCAL YEAR (FY) AND PROGRAM CHANGE FORM REQUIRED SIGNATURES

Directions: All applicable signatures are REQUIRED. This form with ORIGINAL signatures (signed in BLUE ink) must be submitted within five (5) working days of submitting the Local Plan Update, Program Change Application, and 40 Day Extended Contract Request in Lotus Notes. If a section does not apply to the Local Educational Agency (LEA) or the junior/community College, please indicate with "NOT APPLICABLE" in the signature line. Signatures on this form provide for certification requirements on the actual application which is submitted through Lotus Notes. The certifications shall be evidence of material representation of fact upon which reliance will be placed when the Mississippi Department of Education (MDE), Office of Vocational Education and Workforce Development (OVE&WD) determines to award the Local Plan Budget, Focational Teacher Budget, Short Term Adult Program, Financial Responsibility, Program Change application, Forty (40) Day Extended contract, or grant.

District #: 4120	District Name: Tupelo Public Schools	
Contact Person: Evet Topp	Telephone Number: 662-8	41-8990
I. Local Plan Update Witness	•	
	ivities, and budget represented in the Local Plan Updates (LPI my knowledge and belief, and that funds have been budgeted I Education (CTE) programs.	
LEA SUPERINTENDENT (Second	ary) or PRESIDENT (Post Secondary):	
1. Dr. Gearl Loden, Superin	tendent	
Printed Name & Title	Signature	Date
LOCAL SCHOOL BOARD CHAIR	PERSON:	
2. Beth Stone, Board P.	cesident	
Printed Name & Title	Signature	Date
VOCATIONAL DIRECTOR	or CONTACT PERSON:	
3. Evet Topp, Vocations	l Director	
Printed Name & Title	Signature	Date
II. Teacher Budget:		
through MSIS for the Local Plan Update been budgeted and will be utilized to a essential to the successful operation of the	data for the ongoing vocational programs represented on the analysis and correct to the best of my knowledge and belief, a maintain instructional equipment and to provide instructional ese programs. I hereby pledge full cooperation with the State I to comply with policies and other requirements for state and for seement for which the district qualifies.	nd that adequate funds have supplies and other support Board of Education (SBE) in
Check One:		
X This FY Vocational Teacher Budget h	as Local Board Approval. Board Approval	date: 4/9/2013
This FY Vocational Teacher Budget is	tentative, pending Local Board Approval. Board Meeting de	ate:
LEA SUPERINTENDENT (Second	ary): or PRESIDENT (Post Secondary):	
Dr. Gearl Loden, Superinte 1.	adent	
Printed Name & Title	Signature	Date
Vocational Director or Contact Per	on:	
2. Evet Topp, Vocational Dire	ctor	
Printed Name & Title	Signature	Date

III. Short Term Adult Program Application: If applicable

I certify that the information submitted through Lotus Notes are true and correct to the best of my knowledge and belief for Short Term Adult Programs, funded by State or Perkins IV Federal funds, and to assure accurate electronic reporting of instructional, enrollment, and demographic data that will be submitted when requesting payments to the district for completion of approved Short Term Adult Programs. A signature is required if funds requests are to be made.

LEA Superintendent or Vocational Director or	President or Vocational Director (Post Sec	ondary):
Evet Topp, Vocational Director		
Printed Name & Title	Signature	Date
IV. Acceptance of Administrative and Fin Reimbursement Requests submitted	* -	and
I hereby accept full administrative and financial respereimbursement requests for allowable expenditures of Perkins funds budget to "Adult" or "Other Cost", Fedfunds.	of state funds allocated to Short Term Adult 1	Programs, and/or Federal
I herby certify that the reimbursement request(s), accordance with state and federal regulations and docu	mentation is on file in the local school district.	-
BUSINESS MANAGER or SUPERINTENDENT	(Secondary) or PRESIDENT (Post Seconda	ry):
Linda Pannell, CFO		
Printed Name & Title	Signature	Date
This section acknowledges and attests to the submission submitted through Lotus Notes is true and correct to the best of the b	of a request for a new/conversion program and cest of my knowledge and belief. CIP Code (Refer to the code on the program request application)	Implementation Date
2. Vocational Center Director Printed Name	Signature	Date
The local board of trustees of the district recommended adequate supply funds for operation.		
3. Chairperson of Local Advisory Committee Printed Name	Signature	Date
4. Local Superintendent of Education Printed Name	Signature	Date

VI. Extended 40 Day Contract Application for Secondary Skills Programs/Teachers:

This section acknowledges and attests to the submission of a request for a 40 Day Extended Contract submitted for approval in Lotus Notes and certifies that the information is true and correct to the best of my knowledge and belief. Eligibility is limited to skill instructors who are already on a 200-day contract and reimbursed at 49%. No Mississippi Adequate Education Program (MAEP) support is available.

 Applicant's Printed Name (Name as listed on the 40-Day Extended Contract request submit 	Signature tted in Lotus Notes)	Date
a. N/A		
b		
с		
d		
e		
2. Vocational Director or Immediate Supervisor Printed Nam	ne Signature	Date
The local board of trustees of the district recomn agreed to provide adequate supply funds for open		pplication(s) and
3. Local Superintendent of Education Printed Name	Signature	Date
4. President, Local School Board Printed Name	Signature	Date
VII. Program Termination: The district wishes to terminate the program name(s) liste and correct to the best of our knowledge and belief.	d below and certifies that the information submitted thr	ough Lotus Notes is tre
1. Program name	CIP Code	Termination Date
N/A	(Refer to the code on the termination request application)	
b		
c		
đ		
e		
2. Vocational Center Director Printed Name	Signature	Date
3. Local Superintendent of Education Printed Name	Signature	Date

Mail the original form

Within five (5) working days of submitting documentation in Lotus Notes

Mail to:

Sandra Crowley

Office of Vocational Education and Workforce Development

Bureau of Compliance and Reporting

P. Ô. Box 771

Jackson, MS 39205-0771

NO FAXES PLEASE



FY2014 Funding Notification for Estimated LPU

Mike Mulvihill to: District 4120

03/07/2013 09:41 PM

Office of Career and Technical Education and Workforce Development District 4120 TUPELO PUBLIC SCHOOL DIST

The estimated funds listed below have been reserved for your district and the Local Plan Updates (LPUs) are now available in Lotus Notes. To receive approval to expend these funds you must follow through with the LPU process. Click on the link at the bottom of this email to begin this process.

TOTAL FUNDS ESTIMATED FOR DISTRICT FOR FY2014

Federal Funds: \$65,294.73 State Equipment Funds: \$0.00

* * Remember, the LPU cannot be approved until the district's signature forms have been received by OVTE.

DEADLINES:

- 1) Funds released to the districts must have a Local Plan Update for 'Estimated Funds' submitted to the Office of Career and Technical Education and Workforce Development no later than 04/15/2013.
- 2) All Equipment reimbursement requests must be submitted no later than 03/03/2014.
- 3) Short Term Adult Application requests must be submitted no later than 04/15/2014.
- 4) Final Year End Payment requests must be submitted no later than 07/10/2014.

CONTACT INFORMATION:

Local Plan Update Questions: Sandra Crowley at 601-359-3974

Adult Program Coordinator: Tonya Gipson or Bill McGrew at 601-359-5954

Payment Coordinator: Linda Jones at 601-359-3081

A copy of this email message should be printed and given to your Business Management Office.

ALL ALLOCATIONS SUBJECT TO THE AVAILABILITY OF FUNDS.

Click here to view the Local Plan Update documents > > =

NOTE: 40-Day Extended Contract Requests and Program Change Requests (New Program, Conversion Program, and Program Termination) are due with the Estimated Local Plan Update. For questions regarding 40-Day Extended Contract Requests or Program Change Requests, contact Bill McGrew at 601-359-1312.

Click here to create an Extended Contract Request >>

Click here to create a New/Conversion Program Request >>

Click here to create a Program Termination Request >>

Click here to access Instructions, Lotus Notes Documentation, and Forms needed for completing your Local Plan Update. >> 1

FEDERAL BUDGET SUMMARY FOR FY 2014 (Estimated Funds)

⊠ Check When T	his Section Is Complete				
LPU Status:	In Process				
District Number:	4120	District Name:	TUPELO P	UBLIC SCHOOL DIS	т
District Type:	Secondary	Contact Person:	Shandra To	opp, Director	
			(Evet)		
			Linda Pane		
			662 841-89		
			662-841-88	396	
In Consortium?	○ Yes ● No				
<u> </u>			SUDGETED	REMAINING	•
		TOTAL		BALANCE	
	Is Total (Allocated):	\$65,294.73			
Amount Requeste	d:		\$65,294.73	\$0.00	
	· · · · · · · · · · · · · · · · · · ·				
Funding Need	1 - Federal Salaries (Speci	al Populations/Studer	nt Sanvicas Co	ordinatore)	
	Federal Salaries (Special F				
	nt is automatically updated fr				in MSIS
noto. mo amou	in in accommentation of appearing in		mor baagus sus	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 1 1 1 TO CO.
Amount Requeste	d: \$39,108.84			•	
•					
Purpose: The sala	ry amount listed above is for	the reimbursement to the	ne district for 2	Special Populations	personnel
	lations personnel will provide			nt services, and any	other
responsibilites as	listed under the job description	on for special population	ns personnel.		
Federal Capit	alized Equipment	VI		, , , , , , , , , , , , , , , , , , ,	***************************************
	Federal Capitalized Equipr	ment		 	
Amount Requeste		IICIIL			
, anount rioquooto	α. Ψ20,000.00	·	•		
Purpose:					
	s with up-to-date equipment the	hey need to enhance the	e learning envir	onment and provide s	tudents the
best opportunity fo	r success.				
Activities & Locati					
Tupelo Career-Teo	annicai Center				
Federal Adult	Vacational	93************************************			
		The state of the s		TO THE STATE OF TH	
Amount Requeste	Federal Adult Vocational d: \$0.00			•	
Amount Nequeste	a. \$0.00				
Purpose:					
F -					
A. 2. 22 7. 1					
Activities & Locati	on:				
Other Cost					

Total Other Cost

Amount Requested:

\$5,550.00

Funding Need - Testing Material Amount Requested: \$550.00

Purpose:

To provide testing materials that will assist students in their learning opportunities who are enrolled in Career-Technical Center classes.

Activities & Location:

Tupelo Career-Technical Center

Funding Need - Instructional Aids Amount Requested: \$1,000.00

Purpose:

To provide instructional materials that will assist students in their learning opportunities who are enrolled in Career-Technical Center classes.

Activities & Location:

Tupelo Career-Technical Center

Funding Need - In-Service Training Amount Requested: \$1,000.00

Purpose:

To provide In-Service Training for Vocational teachers on individual and group basis as needed, to better enhance instruction in order to provide for better learning opportunities for students.

Activities & Location:

Tupelo Career-Technical Center

Funding Need - Student Organization Travel

Amount Requested:

\$3,000.00

Purpose:

To provide funding for Career-Technical Center students that advance to the national level in Vocationa Competition(s).

Activities & Location:

Tupelo Career-Technical Center

HISTOR	Information

Action Taken	Performed By On	(Date/Time)
		4

Special Comments:

STATE BUDGET SUMMARY FOR FY 2014 (Estimated Funds)

Check When This Section Is Complete LPU Status: In Process District Number: 4120 TUPELO PUBLIC SCHOOL DIST District Name: District Type: Secondary Contact Person: Shandra Topp, Director (Evet) Linda Panesi 662 841-8990 662-841-8896 In Consortium? ○ Yes ● No **ESTIMATED** BUDGETED REMAINING **TOTAL BALANCE** New State Funds Total (Allocated): \$0.00 Amount Requested: \$0.00 \$0.06 Funding Need - State Salaries (Vocational Administration, Guidance Counselors, and Inst... Funding Need - State Salaries (Vocational Administration, Guidance Counselors, and Instructors) Total State Salaries NOTE: This amount is automatically determined from what is listed in MSIS for Vocational Salaries for the current year and is not deducted from the State Allocation listed above. It is listed here for informational purposes only. \$396,501.71 Amount Requested: **History Information** Action Taken Performed By On (Date/Time) Special Comments:

STATE ADULT VOCATIONAL FOR FY 2014 (Estimated Funds)

	In Process		
District Number: District Type:	4120 Secondary	District Name: Contact Person:	TUPELO PUBLIC SCHOOL DIST Shandra Topp, Director (Evet) Linda Panell 662 841-8990 662-841-8896
In Consortium?	○ Yes ● No		
NOTE: The amount of	State Adult Vocational entered here will be consider isted on the State Budget State Budget State \$34,596.00 dgeted: \$0.00	red when distributing State Adult ummary. If approved, this amou	Vocational Funds and is not included in nt will be included with the Allocation of
Purpose: To employ an adul adults with disabili		the Regional Rehabilitaiton Co	enter in order to provide services for
Activities & Location Mississippi Depart		rvices/Adults re-entering the j	ob market after being rehabilitated.
History Inform	nation		