

TUPELO CAREER-TECHNICAL CENTER
Board Meeting Request
April 13, 2010

1. Request for Required Signatures for 2011 Fiscal Year Local Plan Updates
2. Request for Permission to start Culinary Arts Program
3. Link Centre (Overhead Average Cost Estimates)
 Utilities \$657.50 per month
 \$6,575.00 Estimated Cost per year
4. Transportation Estimate for Driver and Bus –
 - a. \$43.00 Per Day
 - b. \$215.00 Per Week
 - c. **\$8,600.00 – Estimated Cost Per Year**
5. Estimated Food Cost
 - d. **\$4,825.00 – Estimated Cost Per Year**
6. Permission to begin search for Culinary Arts Teacher
 - e. Salary Slot approved and will be reimbursed by the State Department (Effective July 1, 2010)
 - f. Culinary Arts teacher to attend Training June 13th thru 18th – all fees paid through the Mississippi Department of Education
7. **TOTAL COST: \$20,000**

Attachments: a. Signature Pages (3)
 b. FY2011 Funding Notificaiton for Estimated LPU
 c. Approval Letter from Mississippi Department for 1 teacher unit
 d. Link Centre Preliminary Overhead Cost Estimate

**FISCAL YEAR (FY) 2011 LOCAL PLAN UPDATES
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 FY2011 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, Vocational 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: Shandra (Evet) Topp Telephone Number: 662-841-8990

I. Local Plan Update Witness:

I certify that the purpose, objectives, activities, and budget represented in the Local Plan Updates (LPU) submitted through Lotus Notes are true and correct to the best of my knowledge and belief, and that funds have been budgeted and will be utilized for the successful operation of Career Technical Education (CTE) programs.

LEA SUPERINTENDENT (Secondary) or PRESIDENT (Post Secondary):

1. Dr. Randy Shaver, Superintendent
Printed Name & Title Signature Date

LOCAL SCHOOL BOARD CHAIRPERSON:

2. Lee Tucker, Board President
Printed Name & Title Signature Date

VOCATIONAL DIRECTOR or CONTACT PERSON:

3. Shandra (Evet) Topp, Vocational Director
Printed Name & Title Signature Date

II. Teacher Budget:

I certify that the statements and budget data for the ongoing vocational programs represented on the Teacher Budget submitted through MSIS for the Local Plan Update (FY2011) are true and correct to the best of my knowledge and belief, and that adequate funds have been budgeted and will be utilized to maintain instructional equipment and to provide instructional supplies and other support essential to the successful operation of these programs. I hereby pledge full cooperation with the State Board of Education (SBE) in maintaining these vocational classes so as to comply with policies and other requirements for state and federal aid as provided by law. I therefore request the maximum reimbursement for which the district qualifies.

Check One:

☒ The FY2011 Vocational Teacher Budget has Local Board Approval. Board Approval date: _____

☐ The FY2011 Vocational Teacher Budget is tentative, pending Local Board approval. Board Meeting date: _____

LEA SUPERINTENDENT (Secondary): or PRESIDENT (Post Secondary):

1. Dr. Randy Shaver, Superintendent
Printed Name & Title Signature Date

Vocational Director or Contact Person:

2. Shandra (Evet) Topp, Vocational Director
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 Secondary):

Shandra (Ever) Doy
Printed Name & Title Director

Signature

Date

IV. Acceptance of Administrative and Financial Responsibility for Electronic and Reimbursement Requests submitted by the District to the MDE/OVTE:

I hereby accept full administrative and financial responsibility for FY2011 electronic data submitted by the district for reimbursement requests for allowable expenditures of state funds allocated to Short Term Adult Programs, and/or Federal Perkins funds budget to "Adult" or "Other Cost", Federal funds budgeted to Tech Prep "Other Cost" line items, or Perkins 85% funds.

I hereby certify that the reimbursement request(s), as submitted, is/are correct and that funds are/have been expended in accordance with state and federal regulations and documentation is on file in the local school district.

BUSINESS MANAGER or SUPERINTENDENT (Secondary) or PRESIDENT (Post Secondary):

Linda Parnell, CEO
Printed Name & Title

Signature

Date

V. New/Conversion Program Request:

This section acknowledges and attests to the submission of a request for a new/conversion program and certifies that the information submitted through Lotus Notes is true and correct to the best of my knowledge and belief.

1. Program Name

CIP Code

Implementation Date

(Refer to the code on the program request application)

a. <u>Culinary Arts</u>	<u>12.0500</u>	<u>Aug. 4, 2010</u>
b. <u>Welding</u>	<u>48.0508</u>	<u>Aug. 4, 2010</u>
c. <u>Early Childhood Education</u>	<u>19.0709</u>	<u>Aug. 4, 2010</u>
d. _____	_____	_____
e. _____	_____	_____

Shandra (Ever) Doy
2. Vocational Center Director Printed Name

Signature

Date

The local board of trustees of the district recommended the approval of the proposed program application(s) and agreed to provide adequate supply funds for operation.

Lee Tucker Board President
3. Chairperson of Local Advisory Committee Printed Name

Signature

Date

Dr. Randy Sharer
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.**

1. Applicant's Printed Name

(Name as listed on the 40-Day Extended Contract request submitted in Lotus Notes)

Signature

Date

- a. N/A _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Vocational Director or Immediate Supervisor Printed Name

Signature

Date

The local board of trustees of the district recommended the approval of the proposed 40-Days application(s) and agreed to provide adequate supply funds for operation.

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) listed below and certifies that the information submitted through Lotus Notes is true and correct to the best of our knowledge and belief.

1. Program name

CIP Code

Termination Date

(Refer to the code on the termination request application)

- a. N/A _____
- b. _____
- c. _____
- d. _____
- 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

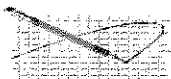
Office of Vocational Education and Workforce Development

Bureau of Compliance and Reporting

P. O. Box 771

Jackson, MS 39205-0771

NO FAXES PLEASE



Mike Mulvihill

03/10/2010 09:19 PM

To: District 4120/MDE@MDE
cc: College Board
Subject: FY2011 Funding Notification for Estimated LPU

Office of Vocational 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 FY2011

Federal Funds: \$72,128.20

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 Vocational Education and Workforce Development no later than 04/15/2010.

2) All Equipment reimbursement requests must be submitted no later than 03/01/2011.

NOTE: Budget revisions involving unused Federal Capitalized Equipment Funds will not be permitted until after the 03/01/2011 deadline.

3) Short Term Adult Application requests must be submitted no later than 05/15/2011.

4) Final Year End Payment requests must be submitted no later than 07/15/2011.

CONTACT INFORMATION:

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

Adult Program Coordinator: Tonya Gipson at 601-359-3461

Tech Prep Coordinator: Shaunta Durr at 601-359-3986

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 601-359-3986.

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. >>



Mississippi Department of Education

Tom Burnham, Ed.D., State Superintendent of Education

Kristopher Kaase, Ph.D., Deputy State Superintendent • Instructional Programs and Services

Office of Vocational Education and Workforce Development

Mike Mulvihill • Interim Associate State Superintendent • 601-359-3088 • Fax: 601-359-6619

February 26, 2010

Shandra Topp, Vocational Director
Tupelo Career-Technical Center
Tupelo Public School District
4125 Cliff Gookin Boulevard
Tupelo, MS 38801

Dear Ms. Topp:

Our office is in receipt of your letter dated February 25, 2010 regarding the implementation of a Culinary Arts program in the Tupelo Public School District. This will be a great opportunity for your district.

The Office of Vocational Education and Workforce Development (OVE&WD) will commit to adding a Teacher Unit for this program provided the district procures and installs the necessary equipment as outlined in the OVE&WD Facilities and Equipment Manuals. The teacher slot will become effective July 1, 2010.

Thank you for your continued interest in Vocational Education. If you have any additional questions, please contact me at 601-359-3090.

Sincerely,

Mike Mulvihill, Interim Associate State Superintendent
Office of Vocational Education and Workforce Development

c: Dr. Randy Shaver, Superintendent Mr. Bill Montgomery
Mrs. Chris Wall Ms. Virgie Webb
Mrs. Melissa May

10-129OVE&WD

"Quality Education for Every Child"

Central High School Building • 359 North West Street • P.O. Box 771 • Jackson, MS 39205-0771

Link Kitchen /Culinary Arts Training Program
Preliminary Monthly Overhead Average Cost Estimates

Utilities

Electric and Gas (inc. lighting, heating, and cooling)	\$532.50/month
Water/Sewer/Sanitation	\$65.00/month
Gas (kitchen equipment)	\$60.00/month

Total usage is expected to fluctuate based on ratio of classroom hours to lab hours.

Personnel, lab materials, and other variable costs are not included.