



TUPELO CAREER-TECHNICAL CENTER



To: Dr. Loden, Superintendent
Tupelo Public School District

From: Evet Topp, Vocational Director

Date: April 7, 2015

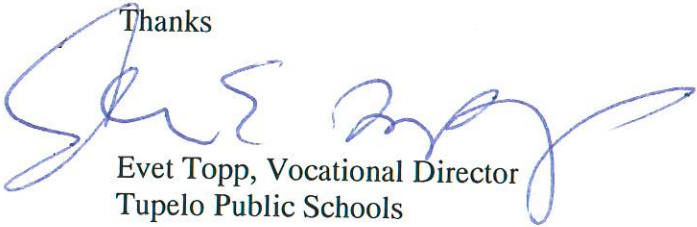
Re: Signature Page for Local Plan Update for Fiscal Year 2016 for
Career-Technical Center

Dr. Loden, attached, you will find the Local Plan Update for Fiscal Year 2016 for the Career-Technical Center. The signature page is in need of signatures from the Superintendent, Board President, Chief Financial Officer and the Vocational Director. In order for us to receive Federal Carl Perkins funds for the FY2016, the signature page must be returned to MDE.

I am also attaching documentation of the funds that have been allocated for the FY2016. Once the document is signed, I am requesting it be sent back to me, so I may mail it to MDE.

If you have questions, please do not hesitate to call. Thanks for your time.

Thanks



Evet Topp, Vocational Director
Tupelo Public Schools



FY2016 Funding Notification for Estimated LPU

Mike Mulvihill to: District 4120

04/07/2015 04:17 AM

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 FY2016

Federal Funds: \$77,236.05

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 05/01/2015.
- 2) All Equipment reimbursement requests must be submitted no later than 03/01/2016.
- 3) Short Term Adult Application requests must be submitted no later than 05/16/2016.
- 4) Final Year End Payment requests must be submitted no later than 07/15/2016.

CONTACT INFORMATION:

Local Plan Update Questions: Christy Todd at 601-359-3974

Adult Program Coordinator: Tonya Gipson or Bill McGrew at 601-359-3461

Payment Coordinator: Eric Foster 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. >>>

FEDERAL BUDGET SUMMARY FOR FY 2016 (Estimated Funds)

☒ Check When This Section Is Complete

LPU Status: In Process

District Number: 4120

District Type: Secondary

District Name:

Contact Person:

TUPELO PUBLIC SCHOOL DIST

Shandra Topp, Director
(Evet)

662 841-8990

662-841-8896

In Consortium? ☐ Yes ☒ No

	ESTIMATED TOTAL	BUDGETED	REMAINING BALANCE
New Federal Funds Total (Allocated):	\$77,236.05		
Amount Requested:		\$77,236.05	\$0.00

Funding Need - Federal Salaries (Special Populations/Student Services Coordinators)

Funding Need - Federal Salaries (Special Populations/Student Services Coordinators)

** Note: This amount is automatically updated from the Vocational Teacher Budget reimbursement amount in MSIS.*

Amount Requested: \$47,543.43

Purpose: The salary amount listed above is for the reimbursement to the district for 2 Special Populations personnel. The Special Populations personnel will provide instruction, career guidance, placement services, and any other responsibilities as listed under the job description for special populations personnel.

Federal Capitalized Equipment

Funding Need - Federal Capitalized Equipment

Amount Requested: \$25,692.00

Purpose:

To provide students with state of the art equipment in order to enhance the learning environment and provide students with the best opportunity for success.

Activities & Location:

Tupelo Career-Technical Center

Federal Adult Vocational

Funding Need - Federal Adult Vocational

Amount Requested: \$0.00

Purpose:

Activities & Location:

Other Cost

Total Other Cost

Amount Requested: \$4,000.62

Funding Need - Testing Material

Amount Requested: \$0.00

Purpose:

Activities & Location:

Funding Need - Instructional Aids

Amount Requested: \$0.00

Purpose:

Activities & Location:

Funding Need - In-Service Training

Amount Requested: \$0.00

Purpose:

Activities & Location:

Funding Need - Student Organization Travel

Amount Requested: \$4,000.62

Purpose:

To assist student organization in funding students travel expenses that place 1st to compete in National Competition.

Activities & Location:

Tupelo Career-Technical Center

History Information

Action Taken	Performed By	On (Date/Time)

Special Comments:

STATE BUDGET SUMMARY FOR FY 2016 (Estimated Funds)

☒ Check When This Section Is Complete

LPU Status: In Process

District Number: 4120

District Type: Secondary

District Name: TUPELO PUBLIC SCHOOL DIST

Contact Person: Shandra Topp, Director

(Evet)

662 841-8990

662-841-8896

In Consortium? ☐ Yes ☒ No

	ESTIMATED TOTAL	BUDGETED	REMAINING BALANCE
New State Funds Total (Allocated):	\$0.00		
Amount Requested:		\$0.00	\$0.00

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.*

Amount Requested: \$443,453.39

History Information

Action Taken	Performed By	On (Date/Time)

Special Comments:

STATE ADULT VOCATIONAL FOR FY 2016 (Estimated Funds)

☒ Check When This Section Is Complete

LPU Status: In Process

District Number: 4120

District Type: Secondary

District Name:

Contact Person:

TUPELO PUBLIC SCHOOL DIST

Shandra Topp, Director
(Evet)

662 841-8990

662-841-8896

In Consortium? ☐ Yes ☒ No

State Adult Vocational

Funding Need - State Adult Vocational

NOTE: The amount entered here will be considered when distributing State Adult Vocational Funds and is not included in the State Allocation listed on the State Budget Summary. If approved, this amount will be included with the Allocation of "Actual" Funds.

Amount Requested: \$34,596.00

Applications Budgeted: \$0.00

Amount Remaining: \$0.00

Purpose:

To employ an adult education instructor for the Regional Rehabilitation Center (Ability Works) in order to provide services for adults with disabilities.

Activities & Location:

Tupelo Career-Technical Center

History Information

Action Taken	Performed By	On (Date/Time)

Special Comments:

2016

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 Office of Career and Technical Education (OCTE) determines to award the Local Plan Budget, CTE 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: 662-841-8990

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. Gearl Loden, Superintendent

Printed Name & Title

[Signature]

Signature

Date

LOCAL SCHOOL BOARD CHAIRPERSON:

2. Kenneth Wheeler, Board President

Printed Name & Title

Signature

Date

CTE DIRECTOR

or

CONTACT PERSON:

3. Evet Topp, CTE Director

Printed Name & Title

[Signature]

Signature

4/7/2015

Date

II. Teacher Budget:

I certify that the statements and budget data for the ongoing CTE programs represented on the Teacher Budget submitted through MSIS for the Local Plan Update, 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 CTE 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:

☒ This FY CTE Teacher Budget has Local Board Approval.

Board Approval date: _____

☐ This FY CTE Teacher Budget is tentative, pending Local Board Approval.

Board Meeting date: _____

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

1. Dr. Gearl Loden, Superintendent

Printed Name & Title

[Signature]

Signature

4/13/15

Date

CTE Director or Contact Person:

2. Evet Topp, CTE Director

Printed Name & Title

[Signature]

Signature

4/17/2015

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 CTE Director or President or CTE Director (Post Secondary):

Evet Topp, CTE Director

Printed Name & Title

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 this Fiscal Year 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):

Rachel Murphree, CFO

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. Teacher Academy

130101E

8/2016

b.

c.

d.

e.

Evet Topp

2. CTE 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.

Kenneth Williams, Board President

3. Chairperson of Local Advisory Committee Printed Name

Signature

Date

Dr. Gearl Loden

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. CTE 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. Architecture & Drafting

151301B

6/2015

b. _____

c. _____

d. _____

e. _____

Evet Topp

2. CTE Center Director Printed Name

Signature

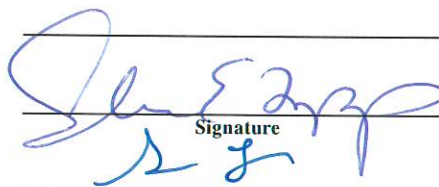
Date

Dr. Gearl Loden

3. Local Superintendent of Education Printed Name

Signature

Date



4/17/15
4/13/15



**Mail the original form
Within five (5) working days of submitting documentation in Lotus Notes
Mail to: Melissa May
Office of Career and Technical Education
Bureau of Compliance and Reporting
P. O. Box 771
Jackson, MS 39205-0771
NO FAXES PLEASE**

PROGRAM CHANGE FORM FOR FY2016

Type of Program Change: ☐ New Program (Request a new teacher unit)
☒ Program Conversion (Convert current program to a new program)
☐ Program Termination (Terminate program and teacher unit)

Application Status: Application Requested

Signature Pages Received? ☐ Yes ☒ No

Final Response Letter Generated? ☐ Yes ☒ No

DISTRICT INFORMATION

District Number: 4120 District Name: TUPELO PUBLIC SCHOOL DIST
Contact Person: Shandra Topp, Director Contact Phone: 662 841-8990
(Evet) 662-841-8896

* Refer to the Vocational Education Course List in the OVTE Information database to lookup the Program/CIP Code information for the new program.

SCHOOL INFORMATION

Location: 90VC - TUPELO LEE CO VOC TECH SCHOOL
Street Address 1: 4125 GOLDEN WAVE DRIVE
Street Address 2:
City: TUPELO State: MS Zip Code: 38801-

PROGRAM INFORMATION

CIP Code: 130101E
Program Name: TEACHER EDUCATION
Program Category: Education and Training
Program Specialist: Nicki Reeves

Select the type of proposed program to be operated:

☒ Skill ☐ H.B. 1476 ☐ Enrichment

Proposed Implementation Date: 08/01/2015

I. PLAN FOR PROVIDING INSTRUCTION

a. State the number of positions needed. 1

b. Does this program require teaching positions to be converted? ☒ Yes ☐ No
If yes, identify the specific program/positions(s) to be converted.

Programs to be Converted
151301B-DRAFTING & DESIGN TECHNOLOGY (90VC-TUPELO LEE CO VOC TECH SCHOOL)

II. STUDENT SUPPLY

a. What is the total enrollment of this school district?	8000
b. What is the total number of students available for vocational training?	1891
c. What is the number of students available for the program requested?	1331

d. Complete for the proposed program:

Enrollment Per Class	Number of Class Periods	Total Number to be Served	Length of Class Period
16	3	48	94 Minutes

III. PLAN FOR PROVIDING EQUIPMENT

Is adequate equipment available for this proposed program? ☒ Yes ☐ No

IV. PLAN FOR PROVIDING FACILITIES

a. Estimate the total square feet of floor space needed for the training program. 1194

b. Indicate if new or existing space is proposed. ☐ New ☒ Existing

If an existing facility is to be used, describe prior or current use.

The room is currently being used as the early childhood education classroom. Early Childhood teacher has requested to move to what will be the former Architecture and Drafting classroom if conversion is approved.

c. Indicate source and amount of funds required for facility for this program.

District funds will be used to accommodate the program. Once the program is eligible for Carl Perkins Funds; those funds as well will be utilized to accommodate the program.

V. PROGRAM SUPPORT

Describe the plan for providing program support. (These might include services such as guidance, transportation, instructional supplies, placement, etc).

The program will receive support as all other other programs, with an exception to Carl Perkins funds.

VI. PROGRAM ACCESSIBILITY

Is there another program like the proposed program in operation in the district? ☐ Yes ☒ No

Will the proposed program be available to all eligible district students? ☒ Yes ☐ No

VII. TRAINING NEEDS (COMPLETE THE FOLLOWING, IF APPROPRIATE)

Skill Programs: (Describe objectives of the training program in terms of needs).

The individual will be trained as recommended by state requirements.

VIII. JOB DEMANDS (SKILL PROGRAMS ONLY)

a. Include pertinent data and source which support job needs for the proposed program.

A survey has been done for High School students who would be interested in enrolling in the Teacher Academy Program and in that survey, it showed, that out of 81 students that took the survey, over 70 students are interested in enrolling in the program.

b. List programs conducted by community and junior colleges in the area that are available to the trainee for advanced/articulated training in the program field.

Students will be able to articulate to community colleges in Mississippi that offer a Teacher Academy Program or a program consistent with its consistent area.

IX. AVAILABLE LABOR SUPPLY

List available labor supply already trained or being trained from sources such as other secondary programs, private and public postsecondary programs, etc.

Mississippi implemented the Teacher Academy program in order to better prepare our students who are interested in the education field to better prepared and hopefully want to stay in Mississippi and provide quality teacher for our children in our state.

X. CURRICULUM

List the standard curriculum unit for instruction and give outline for local option to complete the course of instruction. If no standardized curriculum is available, attach an outline of proposed curriculum to be used.

A curriculum is available online at RCU.

XI. OTHER

Add any other pertinent data which would further support your program application.

It is important that we be able to provide programs that not only meet the interest and needs of our students, but also be an asset to our state as a whole. With an effective and sound teacher academy program it allows us to motivate young people that are interested in the field to be motivated to pursue a career in that area, in order to help us as a whole, be a better Mississippi; especially in academics.

History Information

Action Taken	Performed By	On (Date/Time)
New Program Request Submitted	District 4120	04/07/2015 01:15:04 PM
New Program Returned to District	Nicki Reeves	04/10/2015 12:27:36 PM
New Program Request Submitted	District 4120	04/10/2015 12:47:56 PM

Special Comments: