

400 NE Stinson Blvd Minneapolis, MN 55413

Secondary Perkins Equipment/ Curriculum Approval Form

Form Version Update: July 1, 2022

Submit this completed form, and attached equipment specifications and ordering information, to the Minnesota Department of Education (MDE), Career and Technical Education (CTE) office at mde.cte@state.mn.us.

Date:	Perkins Consortium:				
District Number:	School Building:	Room:			
Licensed CTE Teacher Name:		Folder Number:			
Consult the MDE approved pro https://education.mn.gov/MDE		fy the program and o	course(s) associated	with this request	
CTE Approved Program Code:		Course Code(s):			
2nd Approved Program Code:		Course	Course Code(s):		
Description of Equipment/Curri	culum Resources Reques	ted:			
Total Equipment/Expenditure Cost: \$		Total Consortium Expenditure: \$			
Is this equipment identified in y	our consortium Perkins p	olan? Yes	No		
Perkins funding is guided by the explanation of this request fron	•	sortium's local appli	ication. Copy/paste t	he	
What priority level was this prog	ram of study assigned in	your consortium plar	1?		
Please select "yes" or "no" for th	ne following statements	regarding the reques	sted purchase.		
Yes No the course re	eceiving equipment offe	rs postsecondary cre	edit.		
Yes No this expendit	ture was funded previous	s years.			
If yes, explain funding sour	ce:				
Yes No this expendi	ture is supported by mat	ching funds.			
If yes, list percent and source of	f outside funds:				
MDE Program Specialist	 Date	MDE Progra	m Specialist	 Date	