



PROPOSAL FOR SECONDARY SATELLITE PROGRAM

Those preparing proposals should follow the guidelines carefully. It is recommended that applicants contact the Associate Director for technical assistance in the development of the proposal. Each required item must be addressed completely and accurately, after which the document should be forwarded to the address below.

Completed proposals must be submitted – postmarked and mailed – no later than October 1, preceding the school year in which the proposal is to be implemented. Please mail two copies to:

Sandra Porter, Associate Director
Career and Technical Education
Arkansas Department of Career Education
Three Capitol Mall, Room 402
Little Rock, AR 72201

Phone: (501) 682-1505

OR –

Completed proposals can be e-mailed no later than 11:59 p.m. October 1, preceding the school year in which the proposal is to be implemented. The proposal must be emailed to

sandra.porter@arkansas.gov

Proposal cover page and the statement of assurance page with original signatures, must be postmarked and in the mail no later than October 1.

PROPOSAL FOR SECONDARY SATELLITE PROGRAM

SECONDARY CENTER NAME

SATELLITE SITE

LEA NUMBER
(Must be 7 digits)

COUNTY

**FULL NAME OF SPECIFIC CAREER CLUSTER, CLUSTER PATHWAY,
AND PROGRAM OF STUDY**

(e.g., Career Cluster: Arts, A-V Technology, & Communication, Journalism & Broadcasting, Television Production)

CAREER CLUSTER

CLUSTER PATHWAY

PROGRAM OF STUDY

PROPOSED STARTING DATE (mm/dd/yy)

Printed Name of Authorized Person

Title of Authorized Person

Signature of Authorized Person

Date (mm/dd/yy)

Printed Name of Contact Person

Phone #

E-mail Address

MAIL COMPLETE PROPOSAL TO:

Sandra Porter, Associate Director
Career and Technical Education
Arkansas Department of Career Education
Three Capitol Mall, Room 401
Little Rock, AR 72201

TOTALS								

SECOND YEAR (_____ School year)

FIRST SEMESTER

Period	Name of Course	Grades						TOTAL
		7	8	9	10	11	12	
TOTALS								

SECOND SEMESTER

Period	Name of Course	Grades						TOTAL
		7	8	9	10	11	12	
TOTALS								

C. JUSTIFICATION FOR THE PROPOSAL

REQUIRED: Explain results from justifying data.

1. Kuder Summary of occupational interest of the students from multiple grade levels.

2. Labor market data of the community, county, region, or Department of Workforce Services reports to show potential employment opportunities for completers of the program.

3. Documentation from the technical center's administration that indicates interest and approval in opening a satellite/off campus program. This documentation should include at a minimum (1) a letter from the center director to the ACE stating the center's intent to open the location; (2) minutes from the technical center's board of directors meeting or advisory board showing the boards support; and (3) minutes from the technical center's sponsoring entity showing the sponsoring entity's support.

4. Documentation from the participating schools indicating their support of the satellite/off campus program(s). This should be in the form of (1) minutes from the participating school's board meetings indicating the school will support the program(s) at the satellite/off campus location; (2) a letter from each school's superintendent indicating the school district's support of the program(s).

5. Documentation of need for the satellite/off campus program(s) to include surveys of area business and industry.

D. AGREEMENTS BETWEEN HOST SCHOOL AND TECHNICAL CENTER

Host School:

The host school agrees to provide the following: (1) facilities including classroom(s), lab(s), utilities, maintenance and janitorial services; (2) handle immediate issues involving discipline until the center director can address the situation; and (3) statement allowing the participation of other school districts. Documentation should include Memorandum of Understanding between host school and center signed by school board president, superintendent and center director.

Technical Center:

The technology center agrees to: (1) furnish the classroom(s) and lab(s) with equipment, furniture, etc.; (2) furnish supplies for the program; (3) furnish instructor; (4) handling discipline matters under the center's guidelines in a timely fashion.

Participating Schools:

The participating schools must agree to fund a minimum number of seats in the program(s) based on the percentage of sophomore students from the previous year. The schools agree to compensation to the center for these specified seats each year, regardless of whether the school participates or not.

Participating schools agree to support the program for a minimum of five years. At the end of the five year period, the program(s) will be reviewed to determine if they should be continued.

All satellite/off campus programs(s) affected by school consolidation that are reduced to single school status will be exempt from multiple school participation.

G. EXISTING SATELLITE/OFF CAMPUS PROGRAMS

All existing satellite/off campus programs will be required to submit an MOU identifying the program, location, participating schools and enrollment from participating schools. Host schools will be required to submit a letter of support for the satellite/off campus program.

E. PHYSICAL FACILITIES

Describe the existing/planned physical facilities that will be provided for the proposed offering. (State facility guidelines must be followed, including handicapped accessible per ADA regulations.)

ADE School Facility Manual is available at this Web site:
<http://www.arkansasfacilities.com/SchoolFacManual.aspx>

ADA Guidelines are available at this Web site:
<http://dwe.arkansas.gov/SpecialNeeds/EA.html>

Indicate the size (square footage) of current or planned facility.

Indicate whether the facilities have proper ventilation: heating, cooling, and exhaust systems.

Indicate whether the facilities have any safety issues withing the classroom, lab or shop (including water requirements).

Indicate whether the facilities have the proper electrical/mechanical requirements (electrical outlets, required voltage, lighting).

Indicate whether the facilities are Americans with Disabilities Act (ADA compliant.)

Indicate whether the facilities and/or equipment will be shared and, if so, give justification for sharing.

F. EQUIPMENT

Include a list of existing equipment that may be used. Indicate new equipment required for the proposed offering. For assistance, refer to specific program area current minimum equipment guidelines at this Web site:

<http://dwe.arkansas.gov/CareerandTechEducation/operationalguides/>

G. FACULTY CREDENTIALS

List the certification/licensure/permit, along with area of certification, of the teacher and name as it appears on the certificate for the occupation being taught.

Indicate teacher's contract length

H. STATEMENT OF ASSURANCE FOR SECONDARY TECHNICAL CENTER

_____ Secondary Technical Center commits to the Arkansas Department of Career Education (ACE) as evidenced by the signature below, the following assurances:

- All ACE guidelines, as outlined in the most recent ACE Program Policies and Procedures Manual, will be followed.
- Student enrollment given is true and accurate at the writing of this proposal.
- All equipment will adhere to at least minimum equipment standards of ACE.
- Faculty utilized in teaching of said course and/or career cluster meets or will meet the license/certification/qualification requirements as outlined in the most recent ACE Program Policies and Procedures Manual.
- The ACE guidelines for student organizations will be followed as outlined in the most recent ACE Program Policies and Procedures Manual.
- The ACE guidelines for an advisory committee/council will be followed as outlined in the most recent ACE Program Policies and Procedures Manual.
- All data presented in this proposal is true and accurate.

Signature of Director

Date

Printed name of Director

I. STATEMENT OF ASSURANCE FOR SATELLITE PROGRAM HOST SITE

_____ School District commits to the Arkansas Department of Career Education (ACE) as evidenced by the signature below, the following assurances:

- All ACE guidelines, as outlined in the most recent ACE Program Policies and Procedures Manual, will be followed.
- The ACE guidelines for a satellite program will be followed as outlined in the most recent ACE Program Policies and Procedures Manual.
- Student enrollment given is true and accurate at the writing of this proposal.
- All equipment will adhere to at least minimum equipment standards of ACE.
- Faculty utilized in teaching of said course and/or career cluster meets or will meet the license/certification/qualification requirements as outlined in the most recent ACE Program Policies and Procedures Manual.
- The ACE guidelines for student organizations will be followed as outlined in the most recent ACE Program Policies and Procedures Manual.
- The ACE guidelines for an advisory committee/council will be followed as outlined in the most recent ACE Program Policies and Procedures Manual.
- All data presented in this proposal is true and accurate.

Signature of Superintendent

Date

Printed name of Superintendent

J. AGREEMENT OF RESPONSIBILITIES BETWEEN TECHNOLOGY CENTER AND SATELLITE SCHOOL

Facilities

[Click here to enter text.](#)

Substitute Teachers

Maintenance/Custodial

Discipline

Staff/Professional Development (i.e. travel, registration, meals, etc.)

Technology Support

Transportation

Minimum Equipment

Support Staff

Resources (i.e. Textbooks, Software, Paper, etc.)

Salary

Signature of Satellite School Superintendent

Date

Printed name of Satellite School Superintendent

Signature of Satellite School Board President

Date

Printed name of Satellite School Board President

Satellite School Name

Satellite School Address

City, ST ZIP

Signature of Technology Center Director

Date

Printed name of Technology Center Director

Technology Center Name

Technology Center Address

City, ST ZIP



**STATEMENT OF APPROVAL/DENIAL
FOR SECONDARY SATELLITE PROGRAM**

- The proposed career cluster, cluster pathway, CTE course, or secondary satellite program has been approved.

- The proposed career cluster, cluster pathway, CTE course, or secondary satellite program has been denied.

The reason for denial is: _____

Signature of ADCE Board President

Date

Signature of ADCE Deputy Director

Date