

**PROPOSAL FOR SECONDARY CENTER 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. Completed proposals should be emailed to Stephanie Isaacs, Associate Director, at [stephanie.isaacs@arkansas.gov](mailto:stephanie.isaacs@arkansas.gov).

**PROPOSAL FOR SECONDARY CENTER PROGRAM OF STUDY**

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|  | |
| SECONDARY AREA TECHNICAL CENTER NAME | |
|  |  |
| PROPOSED STARTING DATE (mm/dd/yy) | Name of Program (Secondary and Post-Secondary) |

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| --- | --- |
|  |  |
| Center Director Signature | Date (mm/dd/yy) |
|  |  |
| Center Director E-mail Address | Center Director Phone # |

**ANTICIPATED STUDENT ENROLLMENT INFORMATION**

**YEAR 1**

**FIRST SEMESTER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period | Secondary  Course Code and Name | Post-Secondary  Course Number and Name | Grades | | | TOTAL |
| 10 | 11 | 12 |  |
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**SECOND SEMESTER**

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| Period | Secondary  Course Code and Name | Post-Secondary  Course Number and Name | Grades | | | TOTAL |
| 10 | 11 | 12 |  |
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**YEAR 2**

**FIRST SEMESTER**

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| Period | Secondary  Course Code and Name | Post-Secondary  Course Number and Name | Grades | | | TOTAL |
| 10 | 11 | 12 |  |
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**SECOND SEMESTER**

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| --- | --- | --- | --- | --- | --- | --- |
| Period | Secondary  Course Code and Name | Post-Secondary  Course Number and Name | Grades | | | TOTAL |
| 10 | 11 | 12 |  |
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| TOTALS | | |  |  |  |  |

**JUSTIFICATION FOR THE PROPOSAL**

1. Documentation from the participating schools indicating their support of the center program(s). This should be in the form of a letter from each school’s superintendent indicating the school district’s support of the program(s). Attach requested documentation to this form.
2. Documentation of need for program(s) to include letters of support from area businesses. Attach requested documentation to this form.

**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.)

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 within the classroom, lab or shop (including water requirements).

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

**EQUIPMENT**

Attach to this form a list of existing equipment that will be used.

**STATEMENT OF ASSURANCE FOR SECONDARY AREA TECHNICAL CENTER AND HOST ENTITY**

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| --- | --- |
|  | Secondary Area Center commits to the Office |
| of Skills Development (OSD) as evidenced by the signature below, the following assurances: | |

* All guidelines, as outlined in the most recent Rules for Secondary Technical Centers, will be followed.
* Anticipated student enrollment given is true and accurate at the writing of this proposal.
* The guidelines for student organizations will be followed as outlined i<https://dcte.ade.arkansas.gov/> under the Occupational Areas tab.
* The guidelines for the secondary technical center council and program advisory committees will be followed as outlined in the most recent Rules for Secondary Technical Centers.
* All data presented in this proposal is true and accurate.

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| Signature of Center Director |  | Date |
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|  |  |  |
| Signature of Authorized Host Site Official |  | Date |