# CONTINUED EDUCATION PROGRAM PLAN
# ANNUAL PLAN/REIMBURSEMENT

Department of Career and Technical Education
SFN 16933 (2/15)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

## ANNUAL PLAN
**(This portion must be approved by CTE prior to the start of class)**

School/Institution:

| Address: | City, State | Zip Code |
|---|---|---|

Dates of Instruction: From_____ To_____

SERVICE AREA **(Check only one)**

- ☐ Agriculture Education
- ☐ Business Education
- ☐ Family and Consumer Sciences
- ☐ Health Sciences
- ☐ Information Technology
- ☐ Marketing Education
- ☐ Technology & Engineering Education
- ☐ Trade, Industry and Technical Education

| Course Title | Estimated Enrollment | Number of Classroom Hours | Number of Sections | Hourly Salary | Total Salary | CTE Use | |
|---|---|---|---|---|---|---|---|
| | | | | | | Rate | Reimbursement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

This signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws. The authorized official of applicant organization verifies that the applicant has the legal authority to apply for and receive funding for the proposed activity.

Authorized Signature _____ Title _____ Date _____

**CTE Use**

☐ Approved ☐ Disapproved

State Supervisor _____ Date _____

## REIMBURSEMENT DATA
**(This portion must be completed upon conclusion of class)**

| Course Title | Total Enrollment | Number of Classroom Hours | Number of Sections | Hourly Salary | Total Salary | CTE Use | |
|---|---|---|---|---|---|---|---|
| | | | | | | Rate | Reimbursement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | **TOTAL** | | | |

I certify this reimbursement data is factual, complete and that the courses described meet State Board for Career and Technical Education minimum requirements for part-time adult education. Information provided can be substantiated locally for auditing purposes.

Authorized Signature _____ Title _____ Date _____

**Retain a copy for your records.**