

**MASSACHUSETTS DEPARTMENT OF EDUCATION
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

PART I – GENERAL

A. APPLICANT:
ADDRESS:
TELEPHONE: ()

B. APPLICATION FOR PROGRAM FUNDING				
FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2006	STATE – COMPETITIVE GRANT administered by STUDENT SUPPORT SERVICES	FROM	TO	
790-B	Dropout Prevention and Alternative Education Self-Assessment Project	Upon approval	6/30/2006	

C. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS.

AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

<p><i>DATE DUE: FRIDAY, MARCH 3, 2006</i></p> <p>Competitive proposals must be received at the Department by 5:00 p.m. on the date due.</p>
<p>Mail the 790-B proposal listed on <u>this signature page</u> to:</p> <p>Donna Pisaturo Student Support Services Massachusetts Department of Education 350 Main Street Malden, MA 02148-5023</p> <p>Number of sets: Three (3) sets, each with an original signature of the Superintendent/Executive Director</p>

DO NOT WRITE BELOW THIS LINE

MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY	
GRANTS MANAGEMENT	
For the Department Authorized Signatory:	Date: