

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

**PART I – GENERAL**

<b>A. APPLICANT:</b>
<b>ADDRESS:</b>
<b>TELEPHONE: (        )</b>

**B. APPLICATION FOR PROGRAM FUNDING**

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2007	<b>FEDERAL – COMPETITIVE GRANT administered by the OFFICE OF INSTRUCTIONAL TECHNOLOGY</b>	FROM	TO	
165	Partnership for Online Professional Development	Upon Approval	8/31/2007	

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.

<b>AUTHORIZED SIGNATORY:</b>	<b>TITLE:</b>
<b>TYPED NAME:</b>	<b>DATE:</b>

***DATE DUE: FRIDAY, MARCH 23, 2007***

**Competitive proposals must be received at the Department by 5:00 p.m. on the date due.**

**Mail or deliver 4 sets of the proposal listed on this signature page to:**

**Nicole Cirino  
 Office of Instructional Technology  
 Massachusetts Department of Education  
 350 Main Street  
 Malden, MA 02148-5023**

**Number of sets: Four (4) sets. See Submission Instructions in the Request for Proposals for further instructions.**

***DO NOT WRITE BELOW THIS LINE***

<b>MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY</b>	
<b>GRANTS MANAGEMENT</b>	
<b>For the Department Authorized Signatory:</b>	<b>Date:</b>