

**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
FY2008	FEDERAL – CONTINUATION GRANT administered by the OFFICE OF INSTRUCTIONAL TECHNOLOGY	FROM	TO	
165	Partnership for Online Professional Development	9/1/2007	8/31/2008	

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:

DATE DUE: FRIDAY, MARCH 23, 2007
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

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