

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

PART I – GENERAL

A. APPLICANT:	<i>District Code:</i>				
ADDRESS:					
TELEPHONE: ()					

B. APPLICATION FOR PROGRAM FUNDING				
FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2009	STATE – COMPETITIVE GRANT administered by the OFFICE OF ELEMENTARY SCHOOL SERVICES	FROM	TO	
530	After School and Out-of-School Time Quality Grant – School Year Program	Upon Approval	6/30/2009	

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: WEDNESDAY, AUGUST 20, 2008

Competitive proposals must be received at the Department by 4:30 p.m. on the date due.

Mail the proposal listed on this signature page to:

**Donna Traynham
Office of Elementary School Services
Massachusetts Department of Elementary and Secondary Education
350 Main Street
Malden, MA 02148-5023**

**Number of sets: Three (3) sets, each with an original signature of the Superintendent/
Executive Director**

DO NOT WRITE BELOW THIS LINE

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