

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

**PART I – GENERAL**

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

<b>B. APPLICATION FOR PROGRAM FUNDING</b>				
<b>FUND CODE</b>	<b>PROGRAM NAME</b>	<b>PROJECT DURATION</b>		<b>AMOUNT REQUESTED</b>
<b>FY2010</b>	<b>STATE – COMPETITIVE GRANT administered by the OFFICE OF ELEMENTARY SCHOOL SERVICES</b>	<b>FROM</b>	<b>TO</b>	
<b>530</b>	<b>After School and Out-of-School Time Quality Grant – Summer Program</b>	<b>7/1/2009</b>	<b>8/31/2009</b>	

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: 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**

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