

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY 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
FY2009	<b>FEDERAL – COMPETITIVE GRANT administered by STUDENT SUPPORT</b>	<b>FROM</b>	<b>TO</b>	
647-B-2	21 <sup>st</sup> Century Community Learning Centers Exemplary Programs Grant	Upon Approval	8/31/2009	

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.

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

**DATE DUE: FRIDAY, APRIL 4, 2008**

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

Mail the 647-B-2 proposal listed on this signature page to:

Karyl Resnick  
Student Support  
Massachusetts Department of Elementary and  
Secondary Education  
350 Main Street  
Malden, MA 02148-5023

Number of sets: Four (4) 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>