

**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 SUPPORT	FROM	TO	
702	Transition to Full-Day Kindergarten 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: FRIDAY, OCTOBER 17, 2008

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

Mail the 702 proposal listed on this signature page as follows:

Nermina Peric
Office of Elementary School Support
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

Please include the Fund Code on the envelope.

DO NOT WRITE BELOW THIS LINE

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