

**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>				
FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2010	STATE - COMPETITIVE GRANT administered by the OFFICE OF ELEMENTARY SCHOOL SUPPORT	FROM	TO	
702	Transition to Full-Day Kindergarten Summer Program	7/1/2009	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, 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***

<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>