

**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
FY2010	STATE – CONTINUATION GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES	FROM	TO	
287	Primary Instruction by Volunteers	7/1/2009	6/30/2010	

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: MONDAY, MAY 18, 2009

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

Mail the proposal listed on this signature page to:

Magdi Mirhom
Fiscal Liaison
Adult and Community Learning Services
Massachusetts Department of
Elementary and Secondary Education
75 Pleasant Street 3rdFloor
Malden, MA 02148-4906

Number of sets: Two (2) sets each with an original signature of the Superintendent/Executive Director/President

DO NOT WRITE BELOW THIS LINE

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