

**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. APPLICATION FOR PROGRAM FUNDING**

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2010	STATE - CONTINUATION GRANT administered by OFFICE OF ELEMENTARY SCHOOL SERVICES	FROM	TO	
701	Quality Full-Day Kindergarten	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.

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

**SEE DATES DUE IN THE RFP.**

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

**Mail the 701 proposal listed on this signature page to:**

**Nermina Peric**  
**Office of Elementary School Services**  
**Massachusetts Department of Elementary and Secondary Education**  
**75 Pleasant Street**  
**Malden, MA 02148-4906**

**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>