

**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
FY2010	FEDERAL – COMPETITIVE GRANT administered by NUTRITION, HEALTH, AND SAFETY	FROM	TO	
721	National School Lunch Program (NSLP) Equipment Assistance Competitive Grant Program	Upon Approval	9/30/2009	

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.

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

**DATE DUE: FRIDAY, MAY 15, 2009**  
*Competitive proposals must be received at the Department by 5:00 p.m. on the date due.*

Mail the proposals listed on this signature page to:  
**Mary Anne Gilbert**  
**Nutrition, Health, and Safety**  
**Massachusetts Department of Elementary and Secondary Education**  
**75 Pleasant Street**  
**Malden, MA 02148-4906**

**Number of sets: Submit two (2) 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 GRANTS MANAGEMENT</b>	
<b>For the Department Authorized Signatory:</b>	<b>Date:</b>