

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS
REVIEW CHECKLIST**

DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION USE ONLY

| | |
|--------------------------|-------------------|
| APPLICANT AGENCY: | AMOUNT: \$ |
| REVIEWER: | DATE: |

| PART I - GENERAL | Complete | Incomplete | Needs Clarification | Not Applicable |
|---|-----------------|-------------------|----------------------------|-----------------------|
| A. APPLICANT NAME and ADDRESS | | | | |
| B. CHECK GRANT BEING APPLIED FOR | | | | |
| FUND CODE/NAME OF GRANT PROGRAM | | | | |
| PROJECT DURATION (Within allowable grant period) | | | | |
| C. AUTHORIZED SIGNATURE, TITLE, DATE | | | | |
| D. CONTACT PERSON, ADDRESS, and TELEPHONE NUMBER | | | | |

| PART II - LINE ITEM BUDGET | | | | |
|---|--|--|--|--|
| A. ALL GRANTS APPLIED FOR ARE LISTED and LINE ITEM TOTALS ARE INCLUDED | | | | |

| PART II - PROJECT EXPENDITURES DETAIL INFORMATION | | | | |
|---|--|--|--|--|
| C. ASSIGNMENT THROUGH SCHEDULE A Schedule A complete | | | | |
| D. BUDGETARY INFORMATION - LINE ITEMS | | | | |
| 1. ADMINISTRATORS Number of Staff, FTE, MTRS | | | | |
| 2. INSTRUCTIONAL/DIRECT SERVICE STAFF Number of Staff, FTE, MTRS | | | | |
| 3. SUPPORT STAFF Number of Staff, FTE, MTRS | | | | |

| | Complete | Incomplete | Needs Clarification | Not Applicable |
|--|----------|------------|---------------------|----------------|
| 4. FRINGE BENEFITS MTRS computed where applicable | | | | |
| 5. CONTRACTUAL SERVICES Rate per hour/day provided | | | | |
| 6. SUPPLIES and MATERIALS Described briefly | | | | |
| 7. TRAVEL Related to grant and for grant personnel | | | | |
| 8. OTHER COSTS Must be allowable under the program and must not duplicate costs listed in other line items | | | | |
| 9. INDIRECT COSTS If used, must be equal to or less than approved rate | | | | |
| 10. EQUIPMENT Need stated and itemized | | | | |
| 11. TOTAL FUNDS REQUESTED | | | | |
| ALL ADDITION IS CORRECT | | | | |

Sample

| PART III - REQUIRED PROGRAM INFORMATION | | | | |
|---|--|--|--|--|
| A. HAS BEEN COMPLETED AS REQUIRED BY RFP | | | | |
| B. INFORMATION CONFORMS WITH PROGRAM GUIDELINES | | | | |

| PART IV - REQUIRED STATISTICAL INFORMATION | | | | |
|---|--|--|--|--|
| A. HAS BEEN COMPLETED AS REQUIRED BY RFP For state agencies, ISA sheet is attached | | | | |
| B. INFORMATION CONFORMS WITH PROGRAM GUIDELINES | | | | |