

**MASSACHUSETTS DEPARTMENT OF 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
		<b>FROM</b>	<b>TO</b>	
FY2006	FEDERAL/STATE – COMPETITIVE GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES			
667/343	<b>Program and Staff Development Regional Support Centers for Adult Basic Education Programs and Providers</b>			
	<b>Fund Code: 667 State-funded</b>	7/1/2005	6/30/2006	
	<b>Fund Code: 343 Federally-funded</b>	9/1/2005	8/31/2006	

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: TUESDAY, FEBRUARY 22, 2005***

*Competitive proposals must be received at the Department by 3:00 p.m. on the date due.*

Mail the 667/343 proposal listed on this signature page to:

**Charlene Collins**  
**Adult and Community Learning Services**  
**Massachusetts Department of Education**  
**350 Main Street**  
**Malden, MA 02148-5023**

Number of sets: Six (6) sets, with an original signature of the Sheriff/Superintendent/  
Executive Director/President on TWO sets

***DO NOT WRITE BELOW THIS LINE***

**MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY  
GRANTS MANAGEMENT**

<b>For the Department Authorized Signatory:</b>	<b>Date:</b>
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