

**MASSACHUSETTS DEPARTMENT OF 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
		FROM	TO	
FY2006	FEDERAL/STATE – COMPETITIVE GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES			
285/563	Community Adult Learning Center Adult Basic Education Programs for Incarcerated Adults			
	Fund Code: 563 State-funded	7/1/2005	6/30/2006	
	Fund Code: 285 Federally-funded	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.

AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

DATE DUE: MONDAY, JANUARY 10, 2005

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

Mail the 285/563 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: Seven (7) 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**

For the Department Authorized Signatory:	Date:
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