

**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>	
<b>FY2006</b>	<b>FEDERAL/STATE – COMPETITIVE GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES</b>			
<b>340/345/359</b>	<b>Community Adult Learning Center</b>			
	<b>Fund Code: 345 State-funded</b>	7/1/2005	6/30/2006	
	<b>Fund Code: 340 Federally-funded</b>	9/1/2005	8/31/2006	
	<b>Fund Code: 359 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: MONDAY, JANUARY 10, 2005***  
***Competitive proposals must be received at the Department by 3:00 p.m. on the date due.***

Mail the 340/345/359 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 Superintendent/  
Executive Director/President on TWO sets

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

<b>MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY</b>	
<b>GRANTS MANAGEMENT</b>	
<b>For the Department Authorized Signatory:</b>	<b>Date:</b>