

LETTER OF INTENT TO APPLY

**MASSACHUSETTS DEPARTMENT OF EDUCATION
FY2006 – FY2010 Multi-Year Request for Proposals for Adult Basic Education**

Legal Name of Applicant Agency:	
Contact Person:	
Address:	
Phone number: ()	Email:

The agency identified above intends to submit a proposal in response to the *FY2006-2010 Multi-Year Request for Proposals for Adult Basic Education* to the Massachusetts Department of Education, Adult and Community Learning Services (ACLS), 350 Main Street, Malden, MA 02148.

Please check one:

We intend to apply as a single organization _____ or as the lead agency for a collaboration _____

Please check one:

The applicant is a direct recipient of Fiscal Year 2005 Massachusetts Department of Education Adult Basic Education funding _____ (e.g., not through a subcontract) or is a New Applicant _____

The community (or communities)* in which the applicant (or collaboration) proposes to provide services (locate classes) either directly or through subcontracting, is (or are):

**Applicants who propose to site classes in more than one community should list each community above.*

**If your program qualifies as “geographically isolated” (e.g., Martha’s Vineyard), please attach one page justification for this status.*

Please check all applicable fund codes and funding options:

<u>FUND CODE</u>	<u>GRANT PROGRAMS</u>	<u>CHECK IF APPLYING</u>
340/345/359	Community Adult Learning Centers	
	Participatory Health Education	_____
	ABE for the Homeless	_____
	Family Literacy	_____
	Volunteer Tutoring Within a Community Learning Center	_____
	Set-Asides:	
	• Childcare	_____
	• Student Leadership	_____
	• Space	_____
	• Student Transportation	_____
	• Rural Staff Travel	_____
287	Primary Instruction by Volunteers	_____
285/563	ABE for Incarcerated Adults	_____

The agency assures that the Department-funded services will be fully accessible to students with disabilities.

Authorized Signature:	Typed Name:
Title:	Date: