

**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
		FROM	TO	
FY2007	STATE – NON-COMPETITIVE GRANT administered by ACCOUNTABILITY AND TARGETED ASSISTANCE			
223	Commonwealth Compass Schools	Upon Approval	6/30/2007	

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, MARCH 5, 2007**  
*Proposals must be received at the Department by 5:00 p.m. on the date due.*

Mail the 223 proposal listed on this signature page to:  
**Deborah Smith-Pressley**  
**School Performance Evaluation and Leadership Development**  
**Accountability and Targeted Assistance**  
**Massachusetts Department of Education**  
**350 Main Street**  
**Malden, MA 02148-5023**

**Number of sets: Submit two (2) sets, each with an original signature of the Superintendent/  
Executive Director.**

**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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