

**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 | |
| FY2008 | STATE – CONTINUATION GRANT administered by STUDENT AND SECONDARY SUPPORT | | | |
| 790-A | Alternative Education Program for Suspended and Expelled Students and Other At-Risk Students - Continuation | 9/1/2007 | 6/30/2008 | |

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: FRIDAY, JULY 6, 2007

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

Mail the proposal listed on this signature page to:

**Jenny Caldwell
 Student and Secondary Support
 Massachusetts Department of Education
 350 Main Street
 Malden, MA 02148-5023**

**Number of sets: 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 | |
| For the Department Authorized Signatory: | Date: |