

**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 – COMPETITIVE GRANT administered by STUDENT AND SECONDARY SUPPORT			
790-B	Alternative Education Program for Suspended and Expelled Students and Other At-Risk Students - Competitive	Upon Approval	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

Competitive 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: Three (3) 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: