

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

**PART I – GENERAL**

<b>A. APPLICANT:</b> University of Massachusetts Lowell	<i>District Code:</i>	1	2	5	6
<b>ADDRESS:</b> Graduate School of Education, 510 O’Leary Library					
61 Wilder Street, Lowell, MA 01854					
<b>TELEPHONE:</b> (978) 937-4605					

**B. APPLICATION FOR PROGRAM FUNDING**

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
		FROM	TO	
FY2009	STATE – OTHER NON-COMPETITIVE GRANT administered by the OFFICE OF MATHEMATICS, SCIENCE, AND TECHNOLOGY/ENGINEERING			
620	STEM (Science, Technology, Engineering, and Mathematics) Pilot Program for Accelerated High School Students	Upon Approval	6/30/2009	

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, SEPTEMBER 15, 2008**  
*The proposal must be received at the Department by 5:00 p.m. on the date due.*

Mail the 620 proposal listed on this signature page to:  
Jacob Foster  
Office of Mathematics, Science, and Technology/Engineering  
Massachusetts Department of Elementary and Secondary Education  
350 Main Street  
Malden, MA 02148-5023

Number of sets: Two (2) sets, each with an original signature of the University of Lowell President or designee.

**DO NOT WRITE BELOW THIS LINE**

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