

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY 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>B. APPLICATION FOR PROGRAM FUNDING</b> |   |                  |           |                  |
|---|---|------------------|-----------|------------------|
| FUND CODE                                 | PROGRAM NAME  | PROJECT DURATION |           | AMOUNT REQUESTED |
| FY2010                                    | FEDERAL – ENTITLEMENT/ALLOCATION GRANT<br>administered by<br>SPECIAL EDUCATION PLANNING AND<br>POLICY DEVELOPMENT | FROM             | TO        |                  |
| 249                                       | Special Education: Program Improvement  | 9/1/2009         | 8/31/2010 |                  |

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>  |

**RECOMMENDED DATE DUE: FRIDAY, JULY 24, 2009**

**Proposals must be received at the Department no later than  
5:00 p.m. on Friday, December 4, 2009.**

**Mail the proposal listed on this signature page to:**

**Grace Willis**  
**Special Education Planning and Policy Development**  
**Massachusetts Department of Elementary and Secondary Education**  
**75 Pleasant Street**  
**Malden, MA 02148-4906**

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

***DO NOT WRITE BELOW THIS LINE***

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