

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY 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	
FY2010	FEDERAL – CONTINUATION GRANT administered by SPECIAL EDUCATION PLANNING AND POLICY			
250-A	School Partnerships with the Central Massachusetts Communities of Care Project - Continuation Grant	Upon Approval	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.

AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

DATE DUE: THURSDAY, SEPTEMBER 24, 2009

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:

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

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

DO NOT WRITE BELOW THIS LINE

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