

**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. APPLICATION FOR PROGRAM FUNDING**

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2010	<b>FEDERAL – COMPETITIVE GRANT</b> Administered by <b>SPECIAL EDUCATION PLANNING AND POLICY</b>	FROM	TO	
250-B	<b>School Partnerships with the Central Massachusetts Communities of Care Project</b>	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.

<b>AUTHORIZED SIGNATORY:</b>	<b>TITLE:</b>
<b>TYPED NAME:</b>	<b>DATE:</b>

**DATE DUE: THURSDAY, SEPTEMBER 24, 2009**

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:

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

Number of sets: Submit five (5) sets, each with an original signature of the President/  
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>