

**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	<b>FEDERAL – COMPETITIVE GRANT administered by SECONDARY SCHOOL SERVICES</b>	<b>FROM</b>	<b>TO</b>	
<b>354-B</b>	<b>Community Service-Learning Planning and Implementation Grants Program (Federal)</b> <i>Check which grant this cover page is for (and if applying for both a Green Team and a Planning and Implementation Grant, submit two separate application packages):</i> <b>Green Team _____</b> <b>Planning and Implementation: A___ B___ C___</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>

**DATES DUE: MONDAY, JULY 20, 2009 or MONDAY, SEPTEMBER 21, 2009**  
*(There are two rounds of reviews for each Fund Code: 354-B grant program.)*

**Competitive proposals must be received at the Department by 5:00 p.m. on the dates due.**

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

**Kristen McKinnon, CSL Specialist**  
**Secondary School Services**  
**Massachusetts Department of Elementary and Secondary Education**  
**75 Pleasant Street**  
**Malden, MA 02148-4906**

**Number of sets: Submit one (1) unbound complete application with the original signature of the Superintendent, as well as three (3) stapled sets.**

**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>