

**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
FY2011	STATE – CONTINUATION GRANT administered by SECONDARY SCHOOL SERVICES	FROM	TO	
593	Academic Support and College Transition Services for Students from the Classes of 2003-2011 (Summer Program)	7/1/2010	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, JANUARY 21, 2010**

Proposals must be received at the Department by 5:00 p.m. on the date due.

Mail the 593 proposal listed on this signature page to:

Donna Pisaturo, Grants Specialist  
Secondary School Services  
Massachusetts Department of  
Elementary and Secondary Education  
75 Pleasant Street  
Malden, MA 02148-4906

Number of sets: Three (3) 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>	
For the Department Authorized Signatory:	Date: