

**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	
597	<b>Competitive Academic Support Services Work and Learning Programs (Summer Program)</b>	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: WEDNESDAY, NOVEMBER 18, 2009**

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

Mail the 597 proposal listed on this signature page to:

**Keith Westrich  
 Secondary School Services  
 Massachusetts Department of  
 Elementary and Secondary Education  
 75 Pleasant Street  
 Malden, MA 02148-4906**

Number of sets: Four (4) 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: