

**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 PATHWAYS TO FAMILY SUCCESS II PROGRAM FUNDING</b>				
<b>FUND CODE</b>	<b>PROGRAM NAME</b>	<b>PROJECT DURATION</b>		<b>AMOUNT REQUESTED</b>
		<b>FROM</b>	<b>TO</b>	
<b>FY2010</b>	<b>STATE/FEDERAL CONTINUATION GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES</b>			
<b>661</b>	<b>Pathways to Family Success</b>	7/1/2009	6/30/2010	
<b>671</b>	<b>Pathways to Family Success</b>	7/1/2009	6/30/2010	
<b>674</b>	<b>Pathways to Family Success</b>	7/1/2009	6/30/2010	
<b>675</b>	<b>Pathways to Family Success</b>	7/1/2009	6/30/2010	
<b>TOTAL</b>				

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: MONDAY, JUNE 8, 2009**

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

**Mail or deliver three (3) sets of the proposal, two (2) with an original signature in blue ink of the Superintendent/Executive Director/President to:**

**Fiscal Liaison  
Adult and Community Learning Services  
Massachusetts Department of Elementary and Secondary Education  
75 Pleasant Street  
Malden, MA 02148-4906**

**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>