

**MASSACHUSETTS DEPARTMENT OF EDUCATION
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

PART I - GENERAL

A. APPLICANT:
ADDRESS:
TELEPHONE: ()

B. APPLICATION FOR PROGRAM FUNDING:
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FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT BEING APPLIED FOR
		FROM	TO	
TOTAL AMOUNT BEING APPLIED				
FOR:				

<p>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.</p>
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AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

DO NOT WRITE BELOW THIS LINE

MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY	
GRANTS MANAGEMENT	
For the Department Authorized Signatory:	Date:

Revised 3/2/99

PART II PROJECT EXPENDITURES
B. DETAIL INFORMATION

APPLICANT:				FUND CODE:		
C. ASSIGNMENT THROUGH SCHEDULE A <input type="checkbox"/> Check this box ONLY if this project will be using funds assigned by more than one agency. A completed Schedule A, with signatures and the amount of funds assigned by each participating agency, must be attached to this Budget Narrative.						
D. TITLE	E. # OF STAFF	F. FTE	G. MTRS *	H. AMOUNT	I. TOTAL	
1. ADMINISTRATORS:						
SUPERVISOR/DIRECTOR						
PROJECT COORDINATOR						
SUB-TOTAL						
2. INSTRUCTIONAL/PROFESSIONAL STAFF:						
SUB-TOTAL						
3. SUPPORT STAFF:						
AIDES/PARAPROFESSIONALS						
SECRETARY/BOOKKEEPER						
OTHER						
SUB-TOTAL						
*Check the MTRS box if the identified employee(s) is/are a member of the MA Teachers' Retirement System. This requirement applies only to federally funded grant programs.						
4. FRINGE BENEFITS:				AMOUNT	LINE ITEM SUB-TOTAL	
J. MA TEACHERS' RETIREMENT SYSTEM						
K. OTHER FRINGE BENEFITS (Other retirement systems, health insurance, FICA)						
SUB-TOTAL						

L. 5. CONTRACTUAL SERVICES: Indicate the services to be provided and the rate to be paid <u>per hour</u> or <u>per day</u> , whichever is applicable. <div style="text-align: right; margin-right: 100px;"> RATE </div> <div style="text-align: right; margin-right: 50px;"> Hour/Day </div>	AMOUNT	LINE ITEM SUB-TOTAL
CONSULTANTS	\$	
SPECIALISTS	\$	
INSTRUCTORS	\$	
SPEAKERS	\$	
STIPENDS	\$	
SUBSTITUTES	\$	
OTHER	\$	
SUB-TOTAL		
M. 6. SUPPLIES AND MATERIALS: Items costing less than \$5000 per unit <u>or</u> having a useful life of less than one year. Briefly describe below.		
SUB-TOTAL		
N. 7. TRAVEL: Mileage, conference registration, hotel and meals		
SUB-TOTAL		
O. 8. OTHER COSTS: Please indicate Other Costs in the space provided. Advertising, Maintenance/Repairs, Memberships/Subscriptions, Printing/Reproductions, Transportation of Students, Telephone/Utilities, Rental of Space/Equipment, Non-Classified		
SUB-TOTAL		
P. 9. INDIRECT COSTS Approved Rate:		
Q. 10. EQUIPMENT: Items costing \$5,000 or more per unit <u>and</u> having a useful life of more than one year. Itemize and state below the need for each item.		
SUB-TOTAL		
TOTAL FUNDS REQUESTED		