MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

**STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

# PART I – GENERAL – Category A - Individual District – FY2018\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. APPLICANT:** | ***District Code:*** |  |  |  |  |
| **ADDRESS:** |
|  |
| **TELEPHONE: ( )** |

#

|  |
| --- |
| B. APPLICATION FOR PROGRAM FUNDING |
| **FUND** **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | **AMOUNT** **REQUESTED** |
|  | FEDERAL/STATE – COMPETITIVE **administered by the**Office of Planning and Research | **FROM** | **TO** |  |
| **110** | Resource Reallocation to District Priorities | Approval | 6/30/2018\* |  |
| 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. |
| **AUTHORIZED SIGNATORY:** | **TITLE:** |
| **TYPED NAME:** | **DATE:** |

|  |
| --- |
| DATE DUE: 10/16/2017**Proposals must be received at the Department by 5:00 p.m. on the date due.** |
|  |

###

\*The grant is for two years; awardees need to apply for a continuation for FY19 funding. MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

**STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

# PART I – GENERAL – Category B – Group of Districts - FY2018\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. APPLICANT:** | ***District Code:*** |  |  |  |  |
| **ADDRESS:** |
|  |
| **TELEPHONE: ( )** |

#

|  |
| --- |
| B. APPLICATION FOR PROGRAM FUNDING |
| **FUND** **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | **AMOUNT** **REQUESTED** |
|  | FEDERAL/STATE – COMPETITIVE **administered by the**Office of Planning and Research | **FROM** | **TO** |  |
| **110** | Resource Reallocation to District Priorities | Approval | 6/30/2018\* |  |
| 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. |
| **AUTHORIZED SIGNATORY:** | **TITLE:** |
| **TYPED NAME:** | **DATE:** |

|  |
| --- |
| DATE DUE: 10/16/2017**Proposals must be received at the Department by 5:00 p.m. on the date due.** |
|  |

###

\*The grant is for two years; awardees need to apply for a continuation for FY19 funding.