MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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

# PART I – GENERAL

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

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| B. APPLICATION FOR PROGRAM FUNDING | | | | | |
| **FUND**  **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | | | **AMOUNT**  **REQUESTED** |
| **FY18** | STATE – New Grant  **administered by**  ADULT AND COMMUNITY LEARNING SERVICES | **FROM** | | **TO** |  |
| **345** | Community Adult Learning Center – ABE and English for Speakers of Other Languages Instructional Services with the Boston Workforce (Competitive) (State) | Upon 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:***  **Applications for state-funded projects are due by Friday, June 16, 2017 at 3:00PM.** | | | | | | |
| ***Submit three (3) sets of the application each with the original signature in blue ink of the Superintendent/Executive Director/President.***  Mail to:  Barbara Pope, Office Coordinator  Adult and Community Learning Services  Massachusetts Department of  Elementary and Secondary Education  75 Pleasant Street 3rdFloor  Malden, MA 02148-4906 | | | | | | |

### ***DO NOT WRITE BELOW THIS LINE***

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| MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION USE ONLY | |
| GRANTS MANAGEMENT | |
| **For the Department Authorized Signatory:** | **Date:** |