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 – COMPETITIVE**administered by the**ADULT & COMMUNITY LEARNING SERVICES | **FROM** | **TO** |  |
| **668** | Adult Basic Education Transition to Community College | 7/01/2017 | 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: March 31, 2017**Proposals must be delivered at the Department by 3:00 p.m. on the date due.** |
| Proposals must be submitted electronically via this link:<https://webportalapp.com/appform/login/transrfp>Please see Submission Instructions as posted in the RFP. |

### ***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:** |