MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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

# PART I – GENERAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. APPLICANT: Chelsea** | ***District Code:*** | 0 | 0 | 5 | 7 |
| **ADDRESS: 500 Broadway Street, c/o City Hall Room 216, Chelsea, MA 02150** | | | | | |
|  | | | | | |
| **TELEPHONE: (617) 466-4477** | | | | | |

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| B. APPLICATION FOR PROGRAM FUNDING | | | | | |
| **FUND**  **CODE**  **219** | **PROGRAM NAME**  **Curriculum and Assessment Partnership** | **PROJECT DURATION** | | | **AMOUNT**  **REQUESTED** |
| **FY2019** | STATE – TYPE OF GRANT  **administered by the**  Statewide System of Support | **FROM**  **Upon Approval** | | **TO**  **June 30, 2019** | $40,000 |
|  |  |  | |  | $40,000 |
| 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: Superintendent** | | | |
| **TYPED NAME: Mary M. Bourque** | | | **DATE:** | | | |