| **Name of Grant Program:** High School Equivalency Test Center Grant FY19 | **Fund Code:** 850 |
| --- | --- |

| PART III – REQUIRED PROGRAM INFORMATION Please verify in a cover letter that you:   1. **have submitted** **all** required information and forms/letters as needed for your HiSET® and/or GED® contract; 2. **have followed all** required procedures and requirements for administering the HiSET® and/or GED® tests as set by the Educational Testing Service and/or the GED Testing Service, and the Department of Elementary and Secondary Education’s High School Equivalency Office;and 3. **have met and maintained** all staffing requirements from the Educational Testing Service and/or the GED Testing Service, and the Massachusetts Department of Elementary and Secondary Education’s High School Equivalency Office. |
| --- |