LETTER OF INTENT TO APPLY

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

FY2013 – FY2017 Multi-Year Request for Proposals for Adult Basic Education

The agency above intends to submit a response to the FY2013 Multi-Year Request for Proposals for Adult Basic Education.

Please check one:
- The agency intends to apply as a single organization
- or as the lead agency for a collaboration

Please check one:
- The applicant is a direct recipient of Fiscal Year 2012 Massachusetts Department of Elementary and Secondary Education (ESE) Adult Basic Education (ABE) funding (e.g., not through a subcontract).
- The applicant was an indirect recipient of an ESE ABE grant (through a subcontract with a direct recipient).
- The applicant is a New Applicant.

Please identify community or communities to be served:
The community (or communities)* in which the applicant (or collaboration) proposes to provide services (locate classes) either directly or through subcontracting, is (or are):

* Applicants proposing to site classes in more than one community should list each community above.

Please check each grant program and optional funding opportunity for which the respondent intends to apply. (please confirm eligibility in the RFP before checking)

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Grant Program</th>
<th>Optional Funding Supplements</th>
</tr>
</thead>
<tbody>
<tr>
<td>340/345/359</td>
<td>COMMUNITY ADULT LEARNING CENTERS (CALC)</td>
<td>Space</td>
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<tr>
<td></td>
<td>Optional, supplemental funding available to CALCs within 340/345/359 application (Must be applying for a CALC grant to be eligible):</td>
<td>Childcare</td>
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<tr>
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<td>Check all options intending to apply:</td>
<td>Student Transportation</td>
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<td></td>
<td>☐ Volunteer Tutoring Component</td>
<td>Rural Staff Travel</td>
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<tr>
<td></td>
<td>☐ Student Leadership</td>
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</tbody>
</table>

540/541 ADULT CAREER PATHWAYS A grant program available to CALC applicants only in a separate RFP. Fund Code 540/541

The agency assures that the Department-funded services will be fully accessible to students with disabilities.

Authorized Signature: ___________________________ Typed Name: ___________________________

Title: ___________________________ Date: ___________________________