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** |
| **FY2018** | Federal GRANT**administered by the**Office for Food and Nutrition Programs | **FROM** | **TO** |  |
| **722** | School Nutrition Equipment Assistance for High Need Districts | Award date, 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:** |

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| --- |
| Due Date: Friday, January 12, 2018: **Proposals must be received at the Department by 5:00 p.m. on the date due.** |
| **Mail the FUND CODE 722 proposal listed on this signature page to:**Kerry Callahan**Office for Food and Nutrition Programs**Massachusetts Department of Elementary and Secondary Education75 Pleasant StreetMalden, MA 02148-4906Number of sets: 3 |

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

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| **GRANTS MANAGEMENT** |
| **For the Department Authorized Signatory:** | **Date:** |