MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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

# PART I – GENERAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. APPLICANT:** | ***District Code:*** |  |  |  |  |
| **ADDRESS:** | | | | | |
|  | | | | | |
| **TELEPHONE: ( )** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B. APPLICATION FOR PROGRAM FUNDING | | | | | |
| **FUND**  **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | | | **AMOUNT**  **REQUESTED** |
| **FY2019** | High-Quality Instruction - Summer Planning Grants COMPETITIVE  **administered by the**  Center for Instructional Support | **FROM**  **Upon approval** | | **TO**  **8/31/2019\*** |  |
|  |  |  | |  |  |
| 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: 2/15/2019  **Proposals must be received at the Department by 5:00 p.m. on the date due.** |
|  |

### **\*Awardees of Fund Code 218, will have to complete the Multi-Year form in EdGrants to extend the end date from 6/30/19 to 8/31/19. Please see Project Duration section of the RFP for more information.**