MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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

# PART I – GENERAL

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

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| --- | --- | --- | --- | --- | --- |
| **B. APPLICATION FOR PROGRAM FUNDING** | | | | | |
| **FUND**  **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | | | **AMOUNT**  **REQUESTED** |
| **FY2020** | **FEDERAL – COMPETITIVE GRANT**  **administered by**  **COLLEGE, CAREER, and TECHNICAL EDUCATION** | **FROM** | | **TO** |  |
| **405B** | **Competitive Career and Technical Education PartnershipPlanningGrant** | Upon Approval | | 06/30/2020 |  |
| 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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| ***DATE DUE: Thursday, October 31, 2019***  **Competitive proposals must be received at the Department by 5:00 p.m. on the date due**. This is accomplished via the submission portal referenced below. |
| Submit this Contract Form and all other requested information via the application portal at <https://webportalapp.com/sp/2019-20_cte_partner_cycle2> |