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 |
|  |  | **PROJECT DURATION** | **AMOUNT** **REQUESTED** |
| **FY2021** | FEDERAL - COMPETITIVE **administered by the**COLLEGE, CAREER, AND TECHNICAL EDUCATION | **FROM** | **TO** |  |
| **431** | CCTE Credential Attainment - Impact & Recovery | Upon Approval | 8/31/2021 |  |
| 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: August 20, 2020**Proposals must be received at the Department by 5:00 p.m. on the date due.*****Proposals not submitted by due date will not be considered.*** |
|  ***Awarded Recipients:*** *Selected awardees will be notified upon award, and will be required to enter the approved budget and Part I in EdGrants.* |

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