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** |
| **FY21** | FEDERAL/STATE – CONTINUATION GRANT**administered by the**ADULT & COMMUNITY LEARNING SERVICES | **FROM** | **TO** |  |
| **340** | Adult Education Services - FEDERAL | Upon Approval | 8/31/2021 |  |
| **671** | Adult Education: IET - FEDERAL | Upon Approval | 8/31/2021 |  |
| **345** | CALC Community Adult Learning Services - STATE | Upon Approval | 6/30/2021 |  |
| **359** | Adult Ed: CALC / IELCE - FEDERAL | Upon Approval | 8/31/2021 |  |
| **285** | Adult Ed: Correctional Institutes (AECI) - FEDERAL | Upon Approval | 8/31/2021 |  |
| **563** | Adult Ed: Correctional Institutes (AECI) - STATE | Upon Approval | 6/30/2021 |  |
| 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: June 5, 2020****Proposals must be submitted by 3:00 p.m. on the date due.****The grant start date cannot be prior to submission in EdGrants and/or the online portal.**  |
| Applications for grant recipients that are **state agencies** (use the state’s accounting system MMARS) are encouraged to submit applications no later **than Friday, May 15, 2020** to allow sufficient time to process ISA’s. |
| **All required forms must be submitted online through EdGrants link provided in the continuation application instructions as stated.** |

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