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** |
| **FY2022** | FEDERAL – Targeted Grant  **Administered by the Office of Student and Family Support** | **FROM** | | **TO** |  |
| **FC 301** | American Rescue Plan – Homeless children and Youth Grant | Upon Approval | | 6/30/2022\* |  |
| 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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| \* The period of availability for this grant award can be extended beyond Year 1 by utilizing the multi-year feature for this Funding Opportunity in EdGrants. The extended period is broken up by fiscal year, as follows: 7/1/2022 – 6/30/2023 (Year 2); 7/1/2023 – 9/30/2023 (Year 3). |

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