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| **Name of Grant Program:** **High School Internship in Education Project** | **Fund Code:** **435**  |

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| PART III – REQUIRED PROGRAM INFORMATION |

**The application should include the information below.**

Workforce Region:

Fiscal Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact Person:

Title:

Address 1:

Address 2:

City, State, Zip:

Telephone:

Fax:

E-mail:

|  |  |  |
| --- | --- | --- |
|  | Funding Request | Target # of Participants |
| HSSEIP Participant Compensation |  |  |

Note: For Grant Management processes, including information about requesting funds beyond the initial payment, and additional details on managing your grant, see the [EdGrants User Guides and Information webpage](http://www.doe.mass.edu/grants/edgrants.html)